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EDITORIAL

A MESSAGE FROM THE PRESIDENT

Hail and Farewell!

To the Members of the Medical and Chirurgical Faculty of the State of Maryland:

In April of this year I had the opportunity formally to say "Hail" to you, and to express my profound gratitude for the honor which you bestowed upon me in electing me President of your organization. Now that the year for which I was elected has nearly run its course, it seems not inappropriate that I should bid you farewell and again convey to you my sincere appreciation for your kindness to me. Since there is no formal occasion of the Faculty in the offing, at which I might make this conveyance in person, I have availed myself of the kind invitation of your Editor to use the columns of the Journal for my purpose.

Let me say at once that I do not propose to render any report of what I have done while in office, although to do so would be comparatively easy, since I have really done so very little. Indeed, there is comparatively little for the President of your society to do, because the other officers and the headquarters staff all carry out their tasks so efficiently that there is practically no space left on the wheel to which he can put his shoulder. The day-to-day business is taken care of by the devoted staff, the Council in its wisdom handles the knotty problems that involve matters of policy, and about all that is left for the President to do is to preside at the two meetings of the Faculty and appoint committees. Unlike the immortal policeman of the Gilbert and Sullivan operetta, his lot is truly a happy one!

The happiest part of your President's lot to my way of thinking, however, arises not from the fact that he has little to do, but from the fact that he has an opportunity to get better acquainted with his fellow physicians from all parts of the State. At least it was for me, and my only regret is that I was not able to make the acquaintance of each and every member of the Faculty.

I am sure that I do not need to remind you that after all you members of the Faculty *are* the Faculty; the officers are *your* servants, the building is *your* home, the Faculty will be whatever *you* choose to make it. Now more than one hundred and fifty years of age, it has an honorable past in which all of us may justifiably take pride. It has a high tradition of devotion to the

welfare of the sick people of Maryland. It seeks no advantage of its own. To maintain its stature and high purpose is the responsibility of all of us, and in bidding you farewell as your outgoing President may I not only express once more my abiding gratitude to all of you for your kindness to me, but also my hope that in the new year which is almost upon us the Faculty will, through the united efforts of all of us, become an even stronger organization and an even better force for good in our beloved state.

And finally, may I wish you all a very Merry Christmas and a very Happy New Year!

ALAN M. CHESNEY, M.D.

PRESENTATION OF THE PORTRAIT OF J. HALL MASON KNOX, Jr., M.D.*

Dr. Chesney†: The next number on the program is a presentation of a portrait of the late Dr. J. H. Mason Knox, Jr. Dr. D. C. Wharton Smith will present the portrait, and I consider it particularly appropriate that the family of Dr. Knox, who are presenting this portrait to the Faculty, should have selected Dr. Wharton Smith who was associated with Dr. Knox for 35 years.

Dr. Smith: *Mr. President, Fellow Members of the Faculty, Ladies and Gentlemen*: I am very happy that the children of the late Dr. J. H. Mason Knox, Jr., have asked me to present this portrait. Doctor Knox was so modest that I am sure he would disapprove if I mentioned too many of his accomplishments, so I shall only give you a brief summary. However, as this presentation will be printed in the archives of our Faculty, I am compelled to dwell on some of the facts. By so doing future historians will find the necessary data concerning the medical leaders of our state during the first half of the twentieth century.

Doctor Knox, a native of Philadelphia, died in his eightieth year, born in 1872 the son of a Presbyterian minister, who later became president of Lafayette College.

From an educational standpoint, he received degrees from Dickinson, Lafayette, The Johns Hopkins, and Yale. Also the University of Lima, in Peru, made him an honorary member of their Medical Faculty.

He was an active member of the staffs of many of our hospitals, and a member of many local and national medical societies. He was especially active at the Union Memorial Hospital, and The Johns Hopkins Hospital, where he taught for many years. He was one of the early presidents of the "American Pediatric Society" and in 1921 just before he went abroad, he was vice-president of this Faculty. He would have unquestionably been elected president had he remained in Baltimore the following year.

In 1900, Doctor Knox became medical director of the Thomas Wilson Sanatorium for children. Here he brought sickly infants suffering mostly with the serious summer diarrheas and dysenterys. Here he did much research work and made many valuable contributions to numerous medical publications. He was unquestionably one of the early pioneers in improving the treatment of these ill infants, who previously had little hope of survival.

Doctor Knox *founded* and served for many years as *president* of the Babies Milk Fund Association. This piece of work is now administered as a part of the Well Baby Clinic by our City Health Departments.

During World War I, Doctor Knox served as a major in the Foreign service of the American Red Cross. After returning to this country where

* Transactions, 1952. Portrait presented during the Annual Meeting on Wednesday evening, April 30, 1952.

† President, Medical and Chirurgical Faculty, 1952.

he remained for three years, in 1921 he was appointed "Field Director" of the American Red Cross with headquarters in Paris, France. This appointment had international significance. He traveled widely through Central Europe and organized aid for the famine-stricken children of these countries. He set up Child Health centers in the countries newly created by the Versailles Treaty—these units cooperated with the other countries under the Health Section of the League of Nations. It is interesting that this was the only section of the League which had any real success.

Returning to Maryland in 1922, Doctor Knox was appointed "Chief of the Bureau of Child Hygiene of the State Department of Health," and served twenty years, assuming the title of consultant on his retirement in 1942. While Chief of this Bureau, he was closely associated and lectured regularly at The Johns Hopkins School of Hygiene and Public Health.

Doctor Knox was a staunch Presbyterian who lived up to his ideals and served actively as an Elder in the First Presbyterian Church. He was a devoted father to a devoted family. His sense of humor was keen and often paved the way for a closer association. He played tennis with an intimate group of cronies. To those around him he was kind and considerate, quick to give credit to others. He helped many young doctors get their start in life. Anyone associated with him was bound to become a better citizen.

Mr. President, it is a great honor that on behalf of Doctor Knox's five children, Katherine Cutts; Mason Knox, 3rd.; Gordon Knox; Helen Miller; and Margaret Harvey; to present to the Medical and Chirurgical Faculty, this portrait of the late Dr. J. H. Mason Knox, Jr.

Dr. Chesney: On behalf of the Faculty I accept with great pleasure this portrait of Dr. Knox which I assure you will be hung in an honored place in this building. Will you convey or perhaps I may convey now to the members of his family our deep gratitude and appreciation for their generous gift, and Dr. Chatard, since you have just been appointed Curator of the Faculty, I charge you here and now with the responsibility of taking care of this portrait.

DUES—A REMINDER

American Medical Association Dues

The Council ruled, at its meeting on April 28, 1952, that the bills for the American Medical Association should be mailed with the bills to the members of the Baltimore City Medical Society and with the notices regarding dues to the members of the other Component Medical Societies.

Each member is reminded to make the check for twenty-five dollars ($25.00) *payable to the American Medical Association*, covering the dues for the National Association, and mail to the office of the Medical and Chirurgical Faculty.

Local and State Society Dues

Dues are sent direct to the office of each Component Medical Society and then the portion which covers State Association dues is forwarded to the Medical and Chirurgical Faculty by the Secretary of the local Society.

You are urged to pay your dues promptly so they will reach the Faculty office by January 31, 1953 to insure receiving Physicians' Defense.

Scientific Papers

GERIATRICS IN GENERAL PRACTICE*

WINGATE M. JOHNSON, M.D.†

Your program chairman, Dr. Compton, is evidently a skilled fisherman. This I learned from the manner in which he hooked me for this afternoon's program. First he called me over long distance and offered as bait the delights of Ocean City. The bait was flavored—or colored—with judicious flattery to make it even more alluring. Next he confirmed the invitation by letter and asked if I would need any audiovisual aids. Guilelessly I replied that I would not, and that I expected to talk informally from an outline. Then he sunk the barb deeply by informing me that this was the Trimble Lecture, and that it should be submitted for publication in the *Maryland State Medical Journal*. It was too late then for escape, but I was not an unwilling captive, and gladly agreed to put the outline of my remarks into manuscript form.

Seriously, I do appreciate more than I can say the honor of this invitation, and the privilege of renewing old friendships and making new ones.

It is natural for medical men to become particularly interested in conditions with which they themselves are afflicted. Certainly my own interest in the problems of old age has increased as I have become more personally acquainted with them. Another stimulating factor has been the steadily increasing number of older people in the population. One authority on the subject said at a state-wide conference on aging held in North Carolina last year that old age was becoming as popular a subject as sex. The increasing age of our population is of tremendous importance from the sociologic, economic, and political, as well as from the medical, viewpoint. Only the medical aspect of the problem is to be considered now, however—and that somewhat sketchily.

Geriatrics, the branch of medicine which deals with the care of older people, is one of the youngest medical specialties. For at least two reasons, it is not likely that many physicians will ever limit their practice exclusively to that field. The first reason is that many, if not most, elderly people resent being considered old and would not like to advertise their age to the world by going to an "old folks' doctor." The second and more important reason is that the best time to prepare for old age is in the full vigor of maturity; hence the general practitioner or internist is the logical one to practice geriatrics—which, even more than pediatrics, may be considered a "specialty" of general practice.

Already a considerable "literature" on the subject of aging has accumulated. Among the publications which can be recommended are *Geriatric Medicine*, edited by Stieglitz[1]; *Care of the Aged*, by Thewlis[2]; *Diseases in Old Age*, by Monroe[3]; *Problems of Ageing*, by Cowdry[4]; and the monthly journal *Geriatrics*, edited by Walter Alvarez and published by Lancet, Inc., at Minneapolis, Minnesota.

At the outset of this discussion, it is pertinent to state what part of the life span is being considered as "old age." One of the most satisfying definitions of old age is "just 20 years older than you are," but it is hardly scientific enough for this group. Victor Hugo has said that 40 is the old age of youth; 50, the youth of old age. Stieglitz[1] accepts Hugo's criterion: "It is pragmatic to consider that the majority of the problems peculiar to geriatrics start at about 40, the approximate meridian of life." He modifies this

* I. Ridgeway Trimble Lectureship presented at the Semi-annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland at Ocean City, Maryland, Friday, September 12, 1952. (1952 Transactions.)

† Professor of Clinical Medicine and Director of the Private Diagnostic Clinic, Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, North Carolina.

statement, however, by calling attention to the obvious fact that individuals differ widely in the rate at which they age.

General Considerations

Of prime importance in caring for older patients is the avoidance of radical changes in diet, environment, or habits. As Mark Twain said, "Habit is habit, and not to be flung out of the window by any man, but coaxed downstairs a step at a time." Another sound rule is not to overtreat the older patient. The parting advice given successive classes at Jefferson by the late Hobart A. Hare applies especially to the care of older people: "For God's sake, let the patient get well. If you don't do any good, be sure you don't do any harm."

Hospitals

Although there is far less prejudice against hospitals now than formerly, older patients are still apt to fear them. Unless there is some real indication for hospital care, they are likely to sleep and eat better in the familiar surroundings of their own homes. When, however, it is necessary for older patients to be treated in a hospital, the resident and nursing staff should be encouraged to pet them as they would children. The prescription ordered by the late Dr. Emmett Holt—"tender, loving care"—is often needed for older patients as well as for children. I have seen old people as well as children actually shed tears when leaving a hospital.

Surgery

With improvements in anesthesia and in both pre- and post-operative care, surgery in older patients is now far less hazardous than it was only a few years ago. Not long ago I had a patient 75 years old who could have passed for a man 10 or 15 years younger. He had worn a truss for a simple inguinal hernia for 25 years because a doctor had told him when he was 50 that he was too old for surgery. In contrast was another patient nearly 70 who had a bilateral herniorrhaphy and a kidney stone removed through a flank incision—three operations within four weeks—17 years after a severe myocardial infarction. Another at 82 had a gallbladder full of stones removed, and another at 91 had half his stomach resected for cancer. Each made a good recovery. Such examples might be multiplied over and over.

Dr. Howard Bradshaw, Professor of Surgery at the Bowman Gray School of Medicine, has said that "the most common conditions in older patients requiring operation are appendicitis, gall stones, prostatic disease, hernia, cancer, uterine procidentia, amputations for gangrene, and fracture of the femoral neck."[5] Our surgical department is losing some of its early enthusiasm for intravenous fluids, which should be given to elderly patients cautiously, if at all. Dr. Bradshaw stated that the subcutaneous route is safer than the intravenous one, and that "Unless the patient is definitely dehydrated, he rarely requires more than 1000 cc. of fluid per 24 hours. We prefer to have them definitely on the dry side than on the wet side."

Let me offer, with approval, a final quotation from my colleague, Dr. Bradshaw: "It is a mistake in any preoperative study of the aged to indulge in prolonged expensive maneuvers aided by many consultants—all of which alarm the individual. Decision as to necessity for operation can usually be made quickly, even though definitive diagnosis may not be evident. Necessary preoperative evaluations can be done without a waste of time, and it is for the best interest of the patient that they be so done."[5]

The modern practice of getting patients out of bed soon after operation is especially helpful to older patients, since they are more susceptible to venous stagnation with consequent embolism.

With modern surgical techniques and anesthetics, there is no reason to deny older patients the benefit of a necessary operation, or of one that will make their last years much more comfortable. It is good judgment, however, to do such non-emergency operations as herniorrha-

phies, perineal repairs, and the removal of gallstones in younger life.

Exercise and Recreation

During World War I, Walter Camp boasted that he kept Woodrow Wilson's Cabinet in prime physical condition by his famous "Daily Dozen" exercises. One member of that Cabinet steadfastly refused to take the exercises. He was Josephus Daniels, who outlived all the others by many years, and died after a brief illness at the age of 85. Walter Camp himself died at 65. Chauncey Depew, who lacked only 18 days of living to his ninety-fourth birthday, was quoted as saying that he got his exercise by acting as pallbearer for his friends who took exercise.

These stories are not intended to discourage exercise within reason—but as a reminder that in later life it should not be too strenuous. After 40 golf is better than tennis—and even it can be overdone. Older people need recreation more than exercise. Every business and professional man should have some free time each week for recreation, and frequent week-end vacations, used judiciously, are desirable. Hobbies should be cultivated diligently.

Infectious Diseases

Thanks to the advances in sanitation, to immunization, and to chemotherapy and the antibiotics, infectious diseases are of secondary importance as a cause of death at any age. An impressive proof of this fact is a comparison of the annual death rate from medical ailments among the armed forces in World War I (15.6 per 1000) and World War II (0.6 per 1000)—a decrease of 95 per cent.[6]

With advancing years, a relative immunity to many infections is acquired; but second attacks of childhood diseases—especially pertussis—are by no means rare. Childhood diseases are apt to be more severe in old patients. I once had to treat measles occurring in representatives of three generations in the same household. The grandmother died of bronchopneumonia.

It should be remembered that the virus of herpes zoster is capable of transmitting chicken pox. I had this happen once in my experience.

Tuberculosis in the older patient is too often ascribed to chronic bronchitis or the old fashioned "phthisic." A grandparent or an old house servant with this disease may live out his own expectancy but infect youngsters who come in contact with him. In the older age group there are about twice as many men as women infected with chronic tuberculosis.[7]

Pneumonia, once described by Osler as the friend of the aged because it carried them off quickly and painlessly, is now an infrequent cause of death in old people. The sulfonamides and the antibiotics have enabled many a victim of paralysis or heart disease to overcome what would once have been a fatal "terminal pneumonia."

Infections tend to produce less violent reactions in older patients than in younger ones. The elevation of temperature is less or absent, the white blood cell count lower, and chills less violent; but prostration is more marked.

Treatment

The treatment of infections is virtually the same in older patients as in the young, but less sedation is required. Stieglitz[8] advises that for each five years of life a day longer should be allowed for rehabilitation. I am not ready to accept this rule, since it would penalize me too severely in my annual upper respiratory infection. The older patient should be turned frequently, and should not be kept in bed too long.

One warning which applies to the treatment of patients of any age, and which can hardly be overemphasized, concerns the abuse of antibiotics and sulfonamide drugs. It is hardly necessary to list the dangers associated with the indiscriminate use of these life-saving remedies. In the treatment of uncomplicated viral infections, especially the common cold, their use is apt to do far more harm than good.

One simple procedure which is helpful in de-

ciding whether or not to use one of these agents is a total and differential leukocyte count. In a patient with an upper respiratory infection who has persistent fever and rales in the chest, penicillin or one of the other antibiotics will probably be helpful if the total white count is elevated and the polymorphonuclear content is increased. If the count is normal or low and the polynuclears are not increased, it is probable that the infection is still viral. Aureomycin or terramycin might be of value in such cases, but penicillin and the sulfonamides would be of psychologic benefit only. Too many cases of bone marrow depression following chloramphenicol have been reported for this drug to be used without good reason.

Cortisone and ACTH should be administered with even greater caution than the chemotherapeutic agents. Personally I feel that one should exercise the same care in prescribing a course of sulfonamide drugs, antibiotics, cortisone or ACTH as in advising a major operation.

Special Systems

The Nervous System

In later life, symptoms referable to the nervous system are more likely to be on an organic basis. Since time will not permit a discussion of all the disorders of the nervous system, I will consider only one—a condition which is frequently overlooked, but which is perhaps the most important organic disease of the central nervous system. That condition is cerebral vascular disease, often leading to thrombosis of cerebral vessels.

It is estimated that 90 per cent of cerebral vascular accidents are due to thrombosis,[9] the remaining 10 per cent being divided between hemorrhage and embolism. The majority of these vascular accidents occur in the so-called silent areas of the brain, and because they do not produce neurologic evidence of paralysis or even positive Babinski or Hoffmann signs, they are often overlooked. Dr. Walter Alvarez has written and talked for years about the insidious effects of cerebral thrombosis, and from him I have learned to be increasingly aware of the frequency of the condition.

Most often the patient gives a chief complaint of "indigestion," which is characterized by upper abdominal distress, loss of appetite and weight, and bloating after meals. Careful questioning usually elicits the history of a sudden onset, generally associated with dizziness, perhaps momentary loss of consciousness or at least faintness, nausea with or without vomiting, and persistent anorexia. The patient himself may say that ever since then his memory has been poor, he continues to be dizzy, and tires easily. From the family or close friends one often learns that the patient has had a marked personality change since the onset of his symptoms. The blood pressure is apt to be lower for a long time or indefinite period after the attack.

The prognosis for recovery is not good, but is not altogether hopeless. Some patients make surprisingly good comebacks, but in the majority the symptoms are apt to persist. I have found that most of these patients will accept the explanation that one of the small vessels in the brain has been blocked by a clot, and that this has caused some irritation of the nerve which supplies the digestive apparatus. It is the part of kindness to avoid the use of such words as "stroke," "hardening of the arteries," and "arteriosclerosis" in talking with the patient, although the family should be told more frankly just what has happened, and warned not to expect too much improvement. Usually both the patient and his family are relieved to know that he does not have cancer.

The treatment for Alvarez's "silent stroke" is not too satisfactory. Dr. Alvarez himself uses some form of iodine, which has stood the test of time. Although he believes that nicotinic acid is ineffective, I prescribe it more often than any other medication, usually in doses of 100 mg. three times a day before meals. I may be in-

dulging in wishful thinking, but it seems to me that the appetite and mental outlook of many patients improve on this medication. A high vitamin, high calorie diet is also helpful. This may have to be given in several small feedings daily, since the patient is apt to feel full after a few mouthfuls.

Patients who have a definite paralysis resulting from a cerebral vascular accident may be encouraged by two case histories. The first is the famous case of Pasteur, who suffered a severe hemiplegia 27 years before his death, made a good recovery, and did much if not most of his best work afterwards. The other is that of a patient of mine, whose family told me that when he was 45 years old he had a hemiplegia so severe that he had to be fed through a tube for several days and was in bed for a month. He recovered except for a slight limp, and died of bronchopneumonia at 91—46 years later.

The Cardiovascular System

Diseases of the cardiovascular system are now the major cause of death. Arteriosclerosis, the common denominator of many degenerative diseases, is apt to affect one organ more than others. Particularly vulnerable are the brain, the heart, the kidneys, and the pancreas.

Coronary heart disease is now robbed of much of its terror. Paul White has recently said: "In my own experience, angina pectoris and myocardial infarction are so common that I have come to consider them as almost normal events in the life of the average American male. Many times I have followed patients who are perfectly well 10, 15, and 20 years after having been temporarily incapacitated by angina pectoris and coronary thrombosis."[10] Dr. White stresses the importance of optimism in dealing with such patients. Not long ago a patient who had had a myocardial infarction was without question considered to be totally and permanently disabled. Fortunately for the insurance companies, and still more for the patient, this is no longer true.

A fairly common manifestation of peripheral vascular disease in older patients, especially men, is intermittent claudication, which may cause so much pain in the calf muscles after the patient walks a variable distance that he is forced to stop and rest. I have found in treating this condition that it is essential for the patient to stop smoking altogether, but he may be partly compensated for this deprivation by being allowed to take an ounce or two of whisky or brandy three times a day, since alcohol is one of the best vasodilators available. Priscoline or a xanthine derivative, such as aminophylline, may be substituted.

Hypertension. Even in old people, the psychic element may play a large part in hypertension. Every experienced physician knows that the usual level of a patient's blood pressure can not be determined by a single reading. I quite agree with Dr. Paul White that "Overemphasis on hypertension . . . has resulted in a great deal of unnecessary apprehension, and this very apprehension . . . increases the blood pressure at the time of the examination."[10]

In examining a patient for the first time, I rarely take the pressure until I have first talked to him long enough to feel that he is at ease. It is good practice to take the reading in both arms before recording it. If the examiner's reaction to the first reading is reassuring, the second will almost invariably be lower. I have seen a patient's blood pressure vary by as much as 40 mm. of mercury at a single office visit.

A frequent finding in older patients is a systolic murmur, usually heard best along the left sternal border. Monroe[11] comments that "one soon becomes accustomed to hearing (such a) murmur in the great majority. It may vary greatly under the influence of tachycardia, pain, excitement, fever, or any illness." He suggests that it is useful to have a record of the behavior of the murmur when the patient is in his usual health, since its change indicates some sort of

disorder and its return to normal indicates recovery.

The Respiratory System

Chronic bronchitis is probably the most frequent disease of the respiratory tract in older people. Bronchiectasis and emphysema are also common. Asthma may occur, but when it begins in later life, it is usually on the basis of cardiac failure. The possibility of pulmonary tumor is also to be kept in mind. Tuberculosis has been discussed earlier, under "infections."

The Gastrointestinal Tract

Peptic ulcer occurs more frequently in men, gallbladder disease in women—especially mothers. Ulcer usually begins in younger life, but may persist into old age. Exacerbations and such complications as hemorrhage and perforation often follow emotional stress in the older as well as the younger patient. The treatment of ulcer and its complications and of gallbladder disease follows virtually the same principles in both age groups.

Diverticula of the bowel, especially of the colon, are comparatively common in older patients. Except for the occasional case of diverticulitis — "left sided appendicitis" — which demands close watching and may require surgery, I agree with Monroe that for diverticula "No treatment at all is best, but it is hard to give."[12]

Diaphragmatic hernia occurs more often in older people, and may follow a prolonged cough. Patients with this condition should be advised not to overload the stomach with bulky meals, and are sometimes made more comfortable by the use of some antispasmodic.

It should be remembered that acute appendicitis does occur in old people, and is apt to have an insidious onset, with less pain, less nausea, less fever and a lower leukocyte count than in younger patients.

Pancreatitis is more common in older people, and is, I believe, often on a vascular basis. Of about 100 cases that my colleagues and I have seen within the past nine years, more than 60 per cent were in patients 40 or older; 20 per cent of the patients were 60 or more years of age. Pancreatitis should always be kept in mind as a possible explanation of sudden severe upper abdominal pain, and a serum amylase determination should be made at the time of the attack.

A malignant lesion of the stomach or bowel should, of course, be ruled out in a patient with vague digestive complaints, change in bowel habits, and blood in the stools. The prognosis in cancer of the colon, if it is found early and removed surgically, is remarkably favorable.

Various observers have demonstrated that the hydrochloric acid secreted by the stomach decreases with age, and that many old people have a complete achlorhydria. In some cases this causes surprisingly little digestive disturbance. Other patients who are deficient in hydrochloric acid may have a considerable amount of gas and bloating after meals. Sometimes a persistent diarrhea can be relieved quickly by dilute hydrochloric acid in doses of ½ to 1 teaspoonful with each meal. From one of my patients I learned that tomato juice is the best carrier for the acid, which makes an excellent tomato juice cocktail. A stubborn hypochromic anemia is often overcome when hydrochloric acid is given with iron.

Constipation. Some wit has said that the three ages of man are as follows: (1) when he boasts of the pretty girl he dated the night before; (2) when he recalls the good dinner he ate last night; and (3) when he tells of the good bowel movement he had this morning. Thanks largely to the advertising profession, a large proportion of the American public has a really morbid fear of constipation. I have had the idea that the constipation bogey was most prevalent in the older age group, but Monroe[13] thinks that all ages are alike its victims. I have seldom tried to interfere with the laxative habit in people past 60, but Monroe has made me reconsider this stand by citing the case of a

retired school teacher 92 years old whom he persuaded to abandon the habit, and who "has written me several letters expressing her annoyance at having the convictions of 90 years exploded." I, too, have had the gratifying experience of receiving, from patients whom I had persuaded to do without laxatives, a few letters that compare favorably with the most glowing testimonials given any patent medicine manufacturer.

Whether or not one can succeed in persuading an oldster to give up his favorite purgative, at least one can remind him of Hippocrates' injunction: "Use purgative medicines . . . not without proper circumspection."

Especially to be condemned is the regular use of mineral oil by mouth. At the 1941 meeting of the American Medical Association, a whole session of the Section on Gastroenterology was devoted to a panel discussion of drug therapy in the gastrointestinal tract, in which mineral oil came in for particular condemnation.[14] Since then the late Dr. C. A. Anderson, a general practitioner in North Carolina, learned to use it as a rectal injection at bedtime, in order to have "the skids greased" for a movement next morning.[15] I have found this method to be effective in many patients, especially those with fissure or painful hemorrhoids.

A balanced diet is equally important in adults of all age groups. Old people are apt to eat too much carbohydrate food at the expense of proteins and green vegetables, with the consequent development of obesity and vitamin deficiencies. The best single piece of advice that could be given most individuals past 40 is to restrict their diet so as to hold their weight down to the optimum figure. It is not a bad idea to give vitamin concentrates to older patients—especially to those who feel that they must take some medication—as a supplement to their diet.

So far as I know, there is no valid reason to forbid older patients the use of coffee and tea. Tobacco in moderation, unless there is a tendency to claudication or Buerger's disease, need not be prohibited. As regards alcohol, one may recall the dictum of the late Dr. Lewellys Barker that a man is a fool if he drinks whisky before he is 40 and a bigger fool if he doesn't drink after 50. As in other habits, however, moderation is to be advised; and alcohol should, of course, be strictly forbidden for any person who has ever been addicted to its use.

The Genitourinary System

In a recent analysis of 1251 autopsies performed on patients past 50, Medalia and White[7b] found that 460 had arteriosclerotic nephritis (nephrosclerosis), and 105 had pyelonephritis. From the therapeutic standpoint, however, pyelonephritis is perhaps the most important form of nephritis. When used in its early stages, the new urinary antiseptics now available are often successful in curing a disease which, if neglected, runs a relentlessly progressive course. It is important, of course, to determine by urine culture the organism or organisms present and, in stubborn cases, to perform sensitivity tests in order to evaluate its susceptibility to the various drugs which might be employed. It is important also to recognize and remove, if possible, renal calculi, tumors, and any other abnormalities in the urinary tract which may interfere with proper drainage.

Prostatism in old men is usually recognized easily. Osler's famous dictum, "Never overlook the rectum," is too often forgotten, however, with the tragic result that cancer of the prostate is often far advanced before it is discovered. In older women symptoms similar to those of prostatism may be produced by chronic inflammation of the vesical neck. The resultant hypertrophy of the muscles at the bladder neck often causes difficulty in voiding—a condition which may be relieved by a transurethral resection as effectively as is prostatism in men.

Cystoceles are frequent in old women, and their repair may give great comfort. A pelvic examination should be done routinely on every older woman who is or has been married, and

on single women if there is any indication. I have been impressed by the number of cervical polyps thus found. Often they are symptomless, but they are almost certain to cause bleeding sooner or later; the danger of malignant degeneration is also present, and for this reason they should be removed and examined by a competent pathologist.

The Bones and Joints

Although in most instances the distinction between rheumatoid, infectious, or atrophic arthritis and hypertrophic, degenerative or osteoarthritis is easily made, the two conditions are too often confused. True rheumatoid arthritis which may cripple its victim nearly always begins before the age of 40, while the hypertrophic type is seldom evident before 50. Rheumatoid arthritis is more apt to affect the smaller joints, especially those of the hand, while hypertrophic arthritis affects the larger, weight-bearing joints—the lumbosacral joints, the hips, and the knees. The single exception is the curious tendency of hypertrophic arthritis to select the distal joints of the fingers of women, forming the well known Heberden's nodes. It has been said that these hurt a woman's vanity more than anything else.

As a rule, hypertrophic arthritis does not require any special treatment beyond reassurance to the patient that the condition almost never proves disabling; it is merely a mechanical condition resulting from the wear and tear of years, and is analogous to the wearing of the moving parts of an automobile. If the patient is overweight, he should be advised to reduce gradually to his optimum level in order to relieve some of the strain on the joints.

Osteoarthritis of the spine with spur formation is often overlooked as a cause of pain in the intercostal nerves. This type of pain, which is due to pressure from a spur, has a curious tendency to come and go—perhaps because unusual or prolonged exertion with some trauma to the dorsal nerve root may cause temporary edema. In some cases injection of the nerve or even resection of the offending nerve roots is necessary to give relief.

The thoracolumbar syndrome of Jacobs[16] may be responsible for pain in the lower back, the lower abdominal quadrants, or the gluteal region. Dramatic relief may be obtained by injecting Novocain into the nerve root supplying the painful area.

Bursitis, especially of the subacromial bursa, seems to be increasing in frequency. We have found x-ray therapy helpful in most cases. Another condition to be mentioned in passing is the shoulder-hand syndrome, or reflex muscular dystrophy, which may occur after a myocardial infarction, pulmonary infarction, cerebral vascular accident, or any of a number of other conditions which may give rise to reflex irritation of the brachial plexus through the so-called internuncial pool.

The possibility of gout as an explanation for a suddenly swollen, painful joint in an older man should always be kept in mind. Ninety-five per cent of the victims of this disease are men, though the most classic case of podagra I ever saw was in a woman. Joints other than the great toe may be affected. The distal joints are most vulnerable, and the spine is almost never involved. An elevated serum uric acid level and a dramatic response to colchicine confirm the diagnosis.

The Endocrine System

The thyroid. Hypothyroidism is not unusual at any age, and is often overlooked as a cause of persistent fatigue and occasionally of a stubborn anemia. Kimble and Stieglitz have published an excellent discussion of this condition in *Geriatrics*.[17] It should be suspected in any patient who complains of constant fatigue, is sensitive to cold, and has dry hair and skin.

The opposite condition, hyperthyroidism, is more common in women, and may be the masked or "apathetic" type. I recall an elderly woman whose chief complaint was rapid and irregular

heart action with evidences of congestive failure. Digitalis had no effect on the heart rate or rhythm. She was so cold-natured that she kept a blanket over her in July—but a slightly enlarged thyroid and a fine tremor gave the clue to her difficulty. Lugol's solution brought her pulse rate down to normal, and a thyroidectomy made the cure permanent.

Parenthetically, we have found the most reliable objective index of thyroid activity to be the amount of protein-bound iodine in the serum. The normal range is 4 to 8 micrograms per hundred cubic centimeters.

The gonads. Symptoms of the climacteric appear much more commonly in women than in men, and are much more amenable to hormone substitution therapy. In our experience, the two most common mistakes made in giving estrogens to women are (1) beginning their use too soon, and (2) failing to recognize menopausal symptoms occurring years after the actual cessation of the menses. I make it a rule never to give an estrogenic substance before menstruation has actually stopped, to use small doses, and to give the drug in cycles. To be specific, I prescribe the synthetic preparation, stilbestrol, in enteric-coated tablets of ¼ mg., to be taken daily after the evening meal for three weeks, then omitted for a week. After two or three such cycles, I ask the patient to reduce the dosage schedule to four or five times a week, then to three times, and gradually to omit the drug altogether.

Seldom have I found it necessary to prescribe androgens for men. Perhaps the fact that a North Carolina Civil War veteran married a young woman and begat two children when he was 94 and 96 years old has helped strengthen my sales resistance.

It is not necessary to dwell on the beneficial effect of estrogens in men with osseous metastases of prostatic cancer, or on the value of androgens in women with metastases from cancer of the breast.

The Skin

The only suggestion I have to offer as an amateur dermatologist is that the dry, itching condition of the skin which is common in old people is often relieved dramatically by large doses of vitamin A—100,000 units daily at first, and later 50,000 units. Cold cream or skin lotions used locally also help to prevent dryness and chapping.

Psychological Adjustments to Age

One of the most important functions of the family doctor in dealing with older patients is to help them to make the necessary psychological adjustments. Many of the most unpleasant traits of adolescence and old age alike arise from a feeling of being useless and unwanted. Stuart Chase, in *The Road We Are Traveling*, gave the key to this problem when he said: "Men want to *belong*; to feel that they are a part of a living community, that they have a place in it which other people recognize." Although it is not within the scope of this paper to deal with the economic factors involved in the custom of requiring workers to retire at a given age, regardless of their mental and physical fitness, the medical man has a real interest in this problem. It is not surprising that a man who is forced to retire from his lifelong occupation while he is still vigorous and alert frequently becomes the victim of a mental depression.

The steadily increasing proportion of older people in the population means that the custom of retirement at a fixed age entails a tremendous waste of manpower. The Sun Life Insurance Company has estimated that by 1970, if the present trend continues, as many of the adult population will be on pension as at work. This statement means that every worker will have to support a non-worker, directly or indirectly. It is significant that in the First National Conference on Aging, held in Washington in August, 1950, eight of the eleven sections went on record as favoring a change in the present policy of forcing workers out of employment at a fixed

age, regardless of their ability to continue at work.

Another problem which doctors are often asked to help solve is that of caring for older widowed or dependent relatives. Occasionally the presence of a parent or grandparent in the home may be a real benediction, but only too often the opposite is true. Whenever feasible, it is usually best for all concerned for older dependents to live apart from the families of their children or grandchildren—either in their own home, apartment or room, or in one of the homes for older people which are becoming recognized as a necessity in our modern society. If it is actually necessary to take an old person into the home, it is best to have a distinct understanding at the very beginning that he or she is not to be a petty tyrant. Neither should he be made to feel helpless by too much attention and "bossing," but should be allowed to do for himself as much as he is able. As long as he can get about, it is well to assign him some task in order to make him feel that he is useful.

In his task of helping his older patients to make a sound psychological adjustment, the doctor has the invaluable assistance of Nature, which has beneficently arranged it so that one's viewpoint changes with advancing years. Except at the climacteric, adjustments to increasing age levels are made so gradually as to be almost imperceptible.

A. C. Benson, in his charming essay "On Growing Older,"[18] gives four advantages of maturity:

1. "The loss of . . . self-consciousness."
2. The decreasing tyranny of convention. "I discovered gradually that to adopt the principle of doing disagreeable things which were supposed to be amusing and agreeable was to misunderstand the whole situation. . . . I am not at the mercy of small prejudices, as I used to be."
3. "I do not think that life is so rapturous, but it certainly is vastly more interesting."
4. "Then, too, the greatest gain of all, there comes a sort of patience. . . . One learns to look over troubles, instead of looking into them; one learns that hope is more unconquerable than grief."

A few suggestions for mental adjustment to age are offered for consideration by our older patients—and incidentally by ourselves.

1. Recognize that the mind should be at its best at 40, and should continue to be efficient to the age of 70 or more. The pathologists have shown that organic changes in the brain do not necessarily parallel mental changes. If properly trained, the mind does not lose its elasticity, and constant use of the brain helps keep it efficient. Stieglitz has expressed the consoling thought that wisdom depends upon experience, in which time is a factor.

2. Avoid becoming an "old fogey" by associating occasionally with young people. Prepare for occasional shocks, but try to understand their viewpoint.

3. Learn to delegate authority and to unload responsibility upon younger shoulders. There is an advantage in partnerships in which the enthusiasm of youth is balanced by the judgment of maturity.

4. Cultivate wide interests. Learn new uses for the hands and brain, and exchange more strenuous amusements for others less exciting. To quote A. C. Benson[18] again, "One ought to grow older in a tranquil and appropriate way . . . to be perfectly contented with one's time of life . . . amusements and pursuits ought to alter naturally and easily, and not be regretfully abandoned."

5. Keep in touch with old friends and make new ones. Dr. Samuel Johnson once said, "If a man does not make new acquaintances as he advances through life, he will soon find himself alone. A man, sir, should keep his friendship in a constant repair."

6. Cultivate equanimity—"the mental poise that keeps one from being unduly elated by good fortune or depressed by bad news, and that teaches one to take fortune's buffets and

rewards with equal thanks."[19] This statement does not mean that one should become indifferent or lose enthusiasm, which has been defined as the motive power of progress. It is important to keep a proper balance between emotion, which furnishes the driving power for the human machine, and reason, which corresponds to the steering gear and the brakes. I know of no better way to acquire this balance than to adopt Osler's "Way of Life"[20]—learning to live "in day-tight compartments."

7. Finally, cultivate the habit of looking forward rather than backward. This advice may seem to conflict with Osler's admonition to live one day at a time, but it really does not. Planning for tomorrow is often part of today's task—but sighing over yesterday accomplishes nothing. The greatest bore in all literature must have been Coleridge's "Ancient Mariner," who with his skinny hand kept a wedding guest away from the wedding feast while he told an interminable tale of a shipwreck suffered in his youth. Even though it be difficult, one should always be ready to exchange outmoded ideas for new and better ones.

Two philosophers who lived centuries apart have expressed my own feeling about adjustments to age far better than I could. More than two thousand years ago, Plato wrote: "Old age has a great sense of calm and freedom; when the passions relax their hold, then . . . we are freed not of one mad master only, but of many. . . . He who is of a calm and happy nature will hardly feel the pressure of age, but to him who is of an opposite disposition youth and age are equally a burden."

The other philosopher is Dr. Francis M. Pottenger, who in the final chapter of his autobiography said: "My 80 years do not worry me. . . . To be sure, I would like again to have the keenness of youth. On the other hand, I would miss the mellowness of age, the store of experience which guides me in my every movement and act. I have tried not to live too much in the past, but to be alert to the problems of the future. This I have accepted as an antidote to aging. It does not prevent the years from rolling by . . . , but it does prevent that fear of the future which otherwise might make one unhappy in the twilight of life."[21]

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CHOLECYSTOGRAPHY USING TELEPAQUE*

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Many attempts have been made since the introduction of iodoalphionic acid to discover some radiopaque dye that will make gallbladders more easily visualized with heavier concentrations of the dye. Ideally, a gallbladder contrast medium should have the following properties: (a) specificity for the gallbladder; (b) contain a radiopaque element; (c) be promptly absorbed by the intestinal tract; (d) be eliminated in the bile and stored in the gallbladder; (e) produce little or no systemic toxic symptoms; (f) have little or no side effects; (g) be easily administered; (h) be readily excreted.

A compound that closely approaches possessing all these properties is a new organic iodine-containing compound—TELEPAQUE.† This product studied in the experimental animal by the Research Department of Winthrop-Stearns Corporation has the chemical nomenclature of 3-(3-amino-2,4,6 triiodophenyl)-2-ethylpropanoic acid. The chemical formula is $C_{11}H_{12}I_3NO_2$. Its molecular weight is 571.0. It contains 66.68% iodine as compared with a maximum of 51.38% iodine content of previous compounds. It is a cream-colored solid that is insoluble in water and soluble in dilute alkali and 95% alcohol as well as other organic solvents.

Conclusions reached in laboratory research in the experimental animal were: 1) The average densities of the gallbladder after Telepaque were approximately the same as those for iodoalphionic acid in cats at equal dose levels, and more dense with Telepaque in the dogs when dose level was taken into account; 2) By oral administration in mice, Telepaque is less than one-third as toxic as iodoalphionic acid; 3) By tests employed there was no evidence of kidney and liver insufficiency following repeated doses of 500 and 1,000 mgm. per kilogram of Telepaque administered orally to dogs. It is with these points in mind, e.g., excellent visualization of the gallbladder, low toxicity and absence of any renal or hepatic insufficiency, that we undertook a study of this new product in order to evaluate its merits as a cholecystographic medium.

In this preliminary study, twenty-nine consecutive cases were given Telepaque regardless of age, sex, weight or suspected pathology. Routinely, the patients were instructed to take one tablet every five minutes, beginning at 11 P.M., the night before the X-ray examination. The reason for advocating ingestion of Telepaque at this hour is that maximum concentration of the dye is obtained in 10 to 12 hours. The total number of tablets to be given was based on the patient's weight. All patients below 165 lbs. were given six Telepaque tablets (3 grams), whereas all above 165 lbs. were given nine tablets (4.5 grams), but no more than nine tablets were given to any one patient.

A preliminary film of the gallbladder region was obtained on the day the patient came to make an appointment. The patients reported for roentgenologic examination the following morning at 9:00 A.M. One 8 x 10 PA film and one 8 x 10 right oblique film (prone position) of the gallbladder region were taken. However, one 14 x 17 PA view of the abdomen, supine, which is our routine with other dyes, was also taken to observe the amount of dye remaining in the intestinal tract and that had not been absorbed. Our usual routine does not include an upright film. Patients were asked whether the

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ingested tablets had caused any nausea, vomiting, heart-burn, burning on urination or diarrhea either the same night following the ingestion of the tablets or the morning following. A gastrointestinal series followed the study of the gallbladder according to our routine in this hospital. The latter studies, however, do not enter into this present evaluation of Telepaque. One week following the initial gallbladder series, another gallbladder study was performed but this time with our usual gallbladder dye, iodoalphionic acid. Fatty meals to study contraction of gallbladder, etc., is not a routine procedure at this clinic.

Schemata for Evaluating Concentration of Dye

VISUALIZATION INDEX	DESCRIPTION	
3	EXCELLENT	A sharp outline of the gallbladder that stands out in sharp contrast with surrounding tissues.
2	GOOD	A distinct shadow of the gallbladder with satisfactory intensity and good definition.
1	FAIR OR POOR	A faint shadow of the gallbladder or faint evidence of gallbladder without definition. This usually implies impaired function.
0	NEGATIVE	No evidence of the gallbladder concentrating the dye.

FIGURE 1

Figure 2 summarizes the results of our observations. The scoring scheme for the interpretation of the cholecystograms is demonstrated in Figure 1. The average visualization index for Telepaque tablets in our initial series of 29 cases, is 2.2 as compared to a visualization index of 1.69 for iodoalphionic acid. Two patients complained of moderate nausea in the first series and nausea was encountered once in the second series. No patient in either series had more than one soft bowel movement the morning following ingestion of Telepaque. It is important to note that in one case, gallstones of the radiolucent type were visualized clearly with Telepaque and very poorly with iodoalphionic acid. Whether coincidental or not, it is to be observed that those patients weighing up to 150 lbs. (except in one case) had gallbladders that concentrated both dyes to the same intensity. It is with heavier patients that a greater difference in density of the two dyes is present. A very interesting observation that startled us on initial inspection of our films is that "excellent" concentrations were obtained with heavier patients. This, we believe, is due to the larger percentage of iodine in the compound itself.

Series I

PATIENTS	WEIGHT	VISUALIZATION INDEX (MEAN AVERAGE)		RESULTS*
		Telepaque	Iodo-alphionic Acid	
29	89–240	2.24	1.69	Cholelithiasis... 1 Normal..... 28

Series II

20	102–237	2.10	1.85	Cholelithiasis†.. 1 Normal..... 19

* Four duodenal ulcers were demonstrated.

† Associated pathology demonstrated: duodenal ulcer—5, spastic colon—1, renal tumor—1.

FIGURE 2

In our second series of twenty cases, we administered only six Telepaque tablets (3 grams) to each patient, regardless of body weight. The results appear to be similar to those of our first series, that is, a slightly better concentration than with iodoalphionic acid. Apparently, similar concentrations can be obtained in non-diseased gallbladders with different dyes. It is interesting to observe that in one case in this series no concentration of Telepaque could be seen, whereas there was a slight concentration visible with iodoalphionic acid.

The fact that a "good" concentration could be obtained in a normally functioning gallbladder in one case—body weight, 237 lbs.—indicates that perhaps the over-all dosage of this

new drug may be comparatively less than for other preparations. In a future series of cases, patients will be selected from the "heavier" weight group in an attempt to assay a quantitative dosage per body weight. The most striking case showed excellent concentration after taking six Telepaque tablets. (Fig. 3). Note the numerous small facetted stones. No visualization of the gallbladder was noted after the ingestion of six iodoalphionic acid tablets. A third gallbladder series, after the administration of nine iodoalphionic acid tablets, showed good concentration of the dye but the multiple facetted stones were not seen. The authors believe that the present-day procedure of administering dye according to the patient's weight can give variable results with different dyes. It is possible, as has been mentioned in one of our cases, to demonstrate a gallbladder non-functioning with too few tablets and then to show very good concentrating function with a larger amount of the same type of dye. It is an interesting fact that a review of all our cases revealed all the patient's gallbladders to concentrate Telepaque at least "good." None in our series could be classified as "poor" concentration or "no" concentration.

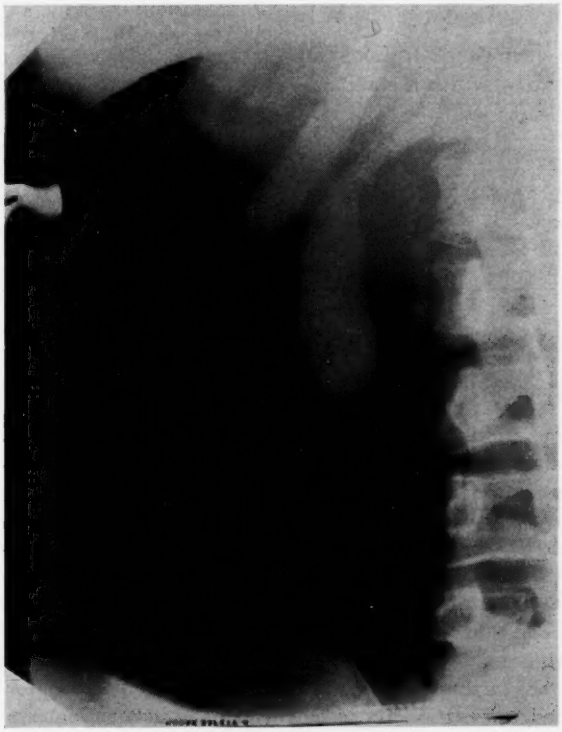

FIG. 3. Cholecystogram of case No. 34, after six Telepaque tablets, showing good concentration of the dye and also demonstrating numerous facetted non-opaque calculi. This gallbladder was not demonstrated with six iodoalphionic acid tablets. A second examination with nine iodoalphionic acid tablets showed good visualization of the gallbladder but the calculi could not be seen.

CONCLUSIONS

1. Our small preliminary series leads us to believe that Telepaque is a slightly better contrast dye for gallbladder concentrations than previously marketed dyes, particularly in patients weighing over 150 lbs.

2. Side reactions are less noted than with previously used dyes. Only an occasional complaint of nausea was received, whereas this was a rather frequent complaint with the control dye. No true diarrhea was encountered in any of our patients.

3. There appears to be less variation in the concentration of the Telepaque as compared to the control dye.

4. It is believed that good concentrations can be obtained in heavy patients with a standardized average dose of Telepaque.

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HILL-BURTON HOSPITAL CONSTRUCTION PROGRAM SLOWING DOWN

Capitol Clinic, A.M.A., Vol. 3, No. 44, November 4, 1952

During six years, the Hill-Burton Hospital Construction program has approved 1,877 projects for federal grants totaling just over *half a billion dollars*. Of the 90,645 beds, about 44% already are in operation, the remainder under construction or in planning stages.

The latest progress report, as of September 30, also shows that inflation and budget restrictions are rapidly slowing down the program. In fiscal 1950 a total of 537 projects were completed or on the books; the total for the current fiscal year is not expected to exceed 150.

For fiscal 1948 and 1949, the first full years of operation, appropriations were $75 million annually. In 1950, Congress increased the maximum limit to $150 million, and voted the full amount. Appropriations for the subsequent three years were $85 million, $82.5 million and $75 million. Meanwhile, construction costs per bed increased, according to hospital authorities, about 50%.

The program was designed particularly to build small hospitals and in rural areas, but from the start a high percentage of the funds has gone to relatively large institutions in urban areas. On this the analysis supplied by Division of Hospital Facilities, Public Health Service, states: "Although 57% of the new projects are for facilities with fewer than 50 beds, *only 25% of the federal funds . . . (go) . . . to these smaller facilities*. A little more than half of the federal money for new hospitals assists facilities with 100 or more beds. For additions or alterations, 82% of federal funds is going to hospitals with 100 beds or more." With emphasis on larger, long-range jobs (19 medical school-connected hospitals on current list), reduced grants are not immediately reflected in the administrative workload, which is expected to continue at about its present level for several years.

Under the law, funds are allocated to states for distributi n. Determination of what projects to assist is the responsibility of the state hospital authority, based on a survey of hospital facilities and willingness of local communities to make plans and raise money.

Health Department

BALTIMORE CITY HEALTH DEPARTMENT

New Toxoid Program and Greeting Card

On November 1st the City Health Department inaugurated in the city's well baby clinics a changed inoculation schedule for the combined diphtheria and tetanus toxoid with whooping cough vaccine. Clinic infants are now given a half cubic centimeter dose of the triple antigen at monthly intervals; the first at four months of age, the second at five months and the third at six months of age. Similar booster inoculations will follow at eighteen months of age and again when the child first enters school. The change in part is to give an earlier protection against whooping cough.

Simultaneously with this change a new Greeting Card is being sent to each Baltimore baby (thirty to fifty a day) to arrive on the day he is four months old, to urge that the family physician give toxoid for the prevention of diphtheria. The Greeting Card is a revision of the Six Months Greeting Card which has been used by the City Health Department for almost twenty years. The text of the card, except for the above change, is practically the same as it was previously and the wording is as follows:

FOUR MONTHS OLD TODAY!
GREETINGS FROM YOUR CITY HEALTH DEPARTMENT

Dear Little Baby,
Congratulations! Four Months Old Today.

We, the Mayor of Baltimore, and your Commissioner of Health, send you our greetings on this important milestone in your life and wish you the best of health.

Now that you are four months old, we have a message of special importance for you and your parents. We know that your Mother and Father want to keep you well and strong. They want you to have health and happiness. They want to protect you from disease.

At your age, one of your ugliest and most cruel enemies is DIPHTHERIA. You are young and helpless. You cannot protect yourself against this dreadful enemy, but your Mother and Father can safely protect you by means of TOXOID. This protective treatment is advised by the Medical Societies of Baltimore. The best age to get this protection is as soon as possible after you are four months old.

*WE HOPE YOUR PARENTS WILL PLAN **NOW** TO PROTECT YOU AGAINST DIPHTHERIA.*

Surely, if you could talk you would ask them to do this for you. Maybe the next time you cry, your Mother or Father will understand that you are begging for their help and will take you to a physician who will give you these safe and harmless toxoid inoculations, or refer you to one of the Health Department clinics.

With best wishes for your health and happiness,

Thomas D'Alesandro, Jr., *Mayor* **Huntington Williams, M.D.,** *Commissioner of Health*

City physicians who may wish to discuss these matters may do so by calling Dr. Janet Hardy, Director of the Bureau of Child Hygiene, at Plaza 2000, Extension 324.

VOLUNTEERS NEEDED!

Mrs. R. Walter Graham, Jr., Chairman of Womans' Division of The American Cancer Society, Maryland Division, asks Auxiliary members to volunteer for the April Cancer drive. Please telephone Mrs. Graham, Belmont 8269.

STATE OF MARYLAND DEPARTMENT OF HEALTH

MONTHLY COMMUNICABLE DISEASE REPORT

Case Reports Received during 4-week Period, October 31–November 27, 1952

	CHICKENPOX	DIPHTHERIA	GERMAN MEASLES	HEPATITIS, INFECT.	MEASLES	MENINGITIS, MENINGOCOCCAL	MUMPS	POLIOMYELITIS, PARALYTIC	ROCKY MT. SPOTTED FEVER	STREP. SORE THROAT INCL. SCARLET FEVER	TYPHOID FEVER	UNDULANT FEVER	WHOOPING COUGH	TUBERCULOSIS, RESPIRATORY	SYPHILIS, PRIMARY AND SECONDARY	GONORRHEA	OTHER DISEASES	DEATHS: Influenza and pneumonia
Total, 4 weeks																		
Local areas																		
Baltimore County	32	—	1	3	2	—	1	1	—	11	—	—	7	19	—	16	—	2
Anne Arundel	2	—	2	—	—	—	1	—	—	2	—	—	2	4	1	—	—	3
Howard	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2
Harford	14	1	—	2	2	1	—	1	—	—	—	—	—	—	—	1	m-2	2
Carroll	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	2
Frederick	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—
Washington	9	8	—	—	—	—	1	—	—	1	1	—	—	8	—	2	—	1
Allegany	2	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—	—	3
Garrett	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
Montgomery	16	—	—	—	1	—	7	4	—	—	—	—	—	12	—	1	—	1
Pr. George's	19	—	—	—	—	—	6	1	—	3	—	—	1	13	—	—	—	4
Calvert	—	—	—	1	—	—	—	1	—	—	—	—	—	—	1	—	—	—
Charles	5	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	—	2
Saint Mary's	—	—	—	7	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Cecil	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Kent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Queen Anne's	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—
Caroline	1	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—
Talbot	—	—	—	—	—	—	1	—	—	—	—	—	—	2	—	—	—	—
Dorchester	—	—	—	—	—	—	1	—	—	1	—	—	—	6	—	1	—	—
Wicomico	4	—	—	—	2	—	—	—	—	—	—	—	1	4	1	14	—	1
Worcester	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Somerset	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—
Total Counties	105	9	3	14	7	2	18	9	0	18	1	0	11	79	6	43		25
Baltimore City	86	0	3	8	19	1	39	1	0	47	0	0	7	91	4	520		11
State																		
Oct. 31–Nov. 27, 1952	191	9	6	22	26	3	57	10	0	65	1	0	18	170	10	563		36
Same period 1951	141	2	10	29	634	3	56	12	0	63	4	10	36	186	26	540		68
5-year median	149	9	5	—	34	6	57	18	0	65	4	2	127	185	84	577		46
Cumulative totals																		
State																		
Year 1952 to date	2981	17	848	229	9126	80	1014	184	29	967	21	15	195	2474	178	7946		588
Same period 1951	2889	37	864	230	6334	52	3677	79	43	854	21	35	427	2506	303	6922		484
5-year median	3242	173	393	—	2970	108	1303	151	56	1001	35	39	1246	2534	1179	7082		608

m = malaria reported by Aberdeen Proving Grounds, contracted outside the U. S. A., residence not stated.

Component Medical Societies

ALLEGANY-GARRETT COUNTY MEDICAL SOCIETY

LESLIE E. DAUGHERTY, M.D.

Journal Representative

The October meeting of the Allegany-Garrett County Medical Society was held on October 24, in the auditorium of the Memorial Hospital nurses' home.

The speaker for the evening was Dr. W. Royce Hodges, local Obstetrician and Gynecologist and his paper was titled, "Ten Years Experience with Obstetrical Pain Relief." Dr. Hodges addressed the Twenty Sixth Annual Congress of Anesthetists in London, England, just one year ago.

The following articles appeared in the *Cumberland Evening Times:*

Doctor Named to Health Job

Dr. Winter R. Frantz, city and county health officer, announced yesterday that Dr. Ralph A. Reiter, 743 Fayette Street, has accepted a position as pediatric consultant of the State Department of Health.

Assigned to part-time duty with the Allegany County Health Department, Dr. Reiter's work will deal mostly with the school health program of the department.

The appointment, Dr. Frantz added, will enable the Health Department to provide examinations for students engaged in competitive sports. Dr. Reiter will also have charge of the immunization program in the schools.

Dr. Reiter opened an office here in August to practice pediatrics.

A son of Mr. and Mrs. George F. Reiter, 801 Memorial Avenue, he was graduated from Fort Hill High School in 1940. After completing medical studies at the University of Maryland he entered the Navy, serving in the Palau Islands and on Guam.

Following his discharge, he served as resident physician at Memorial Hospital in 1949 and then went to the Mayo Clinic, where he completed a three-year course in pediatrics this year.

Dr. Frantz said Dr. Reiter is eligible to take the test for election to the American Board of Pediatrics.

SYMPOSIUM ON THE MEDICAL AND SOCIAL ASPECTS OF THE ADOPTION LAW OF THE STATE OF MARYLAND UNDER CHAPTER 63 OF THE ACTS OF 1950—MEDICAL AND LEGAL ASPECTS IN ARTIFICIAL INSEMINATION AND STERILITY

Osler Hall, 1211 Cathedral Street, Baltimore

Friday, February 6, 1953, 8:00 p.m.

(Speakers to be announced.)

THE MEMBERS OF THE MEDICAL AND CHIRUGICAL FACULTY ARE URGED to attend this meeting. The Symposium is under the auspices of the Joint Committee on Medicolegal Problems of the Baltimore City and Maryland Bar Associations and the Medical and Chirurgical Faculty. The program is being arranged by the Symposia Management Subcommittee which is composed of the following members: Mr. S. C. Berenholtz, Mr. W. L. Galvin, Mr. A. Sodaro, Mr. T. C. Waters, Dr. R. S. Fisher, Dr. L. Krause, Dr. R. C. Tilghman, and Dr. I. R. Trimble.

All these meetings will be held at 1211 Cathedral Street unless otherwise stated.

BALTIMORE CITY MEDICAL SOCIETY

Osler Hall

Friday, January 16, 1953, 8:30 p.m.

PANEL DISCUSSION: BLOOD DYSCRASIAS

Cyrus C. Sturgis, M.D., *Moderator*
Professor of Internal Medicine, University of Michigan School of Medicine, Ann Arbor, Michigan

Participants

Medicine. C. Lockard Conley, M.D.
Radiology. Robert N. Cooley, M.D.
Medicine. Vernon H. Norwood, M.D.
Medicine. Milton S. Sacks, M.D.

SECTION ON DISEASES OF THE CHEST

MOSES S. SHILING, M.D., *Chairman* EDMUND G. BEACHAM, M.D., *Secretary*

Wednesday, January 7, 1953, 8:00 P.M.

Speaker and subject to be announced.

OTOLARYNGOLOGICAL SECTION

J. JULIAN CHISOLM, M.D., *Chairman* C. CARLETON DOUGLASS, M.D., *Secretary*

Tuesday, January 13, 1953, 6:00 P.M.

Dinner Meeting, Johns Hopkins Club, Homewood

The program will be a talk by an outstanding Maryland figure in medicine. Full arrangements had not been completed at the time this Journal went to press.

PEDIATRIC SECTION

JOHN A. ASKIN, M.D., *Chairman* JOSEPH M. CORDI, M.D., *Secretary*

Tuesday, January 13, 1953, 8:30 P.M.

Jaundice in Infancy. David Hsia, M.D., The Children's Medical Center, Boston, Massachusetts. (By invitation.)
Discussion. Victor A. Najjar, M.D., Harriet Lane Home, Johns Hopkins Hospital.

BALTIMORE COUNTY MEDICAL SOCIETY

DONALD L. SOMERVILLE, M.D.

Journal Representative

At a recent meeting of the Baltimore County Medical Society, held at the Penn Hotel in Towson, the following new members were voted on and accepted: Active membership—Earl W. Harris, Jr., Robert Todd Hyde, J. Everett Sanner; Associate membership—Walter K. Spelsberg, Raymond N. Cunningham; Dentists—Donald H. Hobbs, Emmett P. Dagon, John T. Stang, Irving G. Katz. Guests at this meeting were Dr. Harold H. Weinberg and the new director of Eudowood Sanatorium, Dr. R. Shirrell Rogers.

We were all privileged to hear an address by Dr. Frank Figge, Professor of Anatomy at the University of Maryland Medical School. The subject was the "Organizer Concept," in which the speaker brought out the fundamental interdependence and intercommunication among all bodily cells, a breakdown of which is possibly related to the etiology of new growths. His theory was magnificently illustrated by motion pictures, made with the help of the phase microscope, showing unstained, living cells actually dividing—some normally, some (from malignancies) bizarrely. There is, according to Dr. Figge's concept, a "primary organizer," the nature of which is probably chemical, causing the integration and differentiation of the embryo, and indeed continuing all through life—as exemplified by the control the hypophysis holds over our bodily chemistry and physiology through its many hormones. This fundamental principle leads many investigators to the conclusion that carcinomata are engendered through a breakdown in the normal "intercommunications," through a hormonal mechanism.

In October the Society met at the Stafford Hotel, where considerable business came up for consideration. We heard the report of a recent executive committee meeting, containing several controversial items that have been hot potatoes in our hands for many years; chiefly, of course, this applies to the problem of time and place of meetings, and a certain amount of experimentation is to be undertaken involving Sunday afternoon as a time, and a more central location—such as the Medical and Chirurgical Faculty Building—as a place. It was voted to increase the financial help for the Secretary of the Society for next year, in order for him to be better able to hire stenographic help for the large amount of paper work involved in the Society's activities. The matter of central storage of the Society's records, now apparently scattered in several localities, was settled by voting to look into the possibility of using the space now held by us at the Medical and Chirurgical Faculty for all records. The motion to incorporate the Society was duly considered and passed.

The scientific portion of this meeting was conducted delightfully and educationally by Dr. Harry M. Robinson, Jr., who gave us all a much greater insight than before into the problem of Contact Dermatitis; apparently if we live long enough we will see everything imaginable along this line, for Dr. Robinson showed and discussed the case of a young lady who was distressingly and incurably allergic to money.

PRINCE GEORGE'S COUNTY MEDICAL SOCIETY

SAMUEL J. N. SUGAR, M.D.

Journal Representative

Mr. Theodore Wiprud, secretary of the District of Columbia Medical Society, gave a very interesting talk at the October meeting on Medical Economics.

Dr. Wolcott Etienne addressed the Berwyn Heights P. T. A. on October 21, 1952. His subject was "Health of Your Child."

The annual Dinner Dance of the Society was held November 15, 1952 at the Shoreham Hotel. Members and guests enjoyed the festivities.

Election of officers for 1953 will be held the first Tuesday in December.

WASHINGTON COUNTY MEDICAL SOCIETY

W. D. CAMPBELL, M.D.

Journal Representative

The Annual Meeting of the Washington County Hospital *Staff* was held September 26, 1952. The following officers were elected:

Dr. Ernest F. Poole, President

Dr. Phillip J. Hirshman, Vice President

Dr. Archie I. Cohen, Secretary and Treasurer

Library

OUR NEW LIBRARIAN

MISS HELEN WHEELER

The new Librarian of the Medical and Chirurgical Faculty, Miss Helen Wheeler, assumed her position on November 1, 1952. The Association is fortunate to have her on the Staff.

Miss Wheeler is known to many of our members as she was Head of the Reading Room and Circulation Department at the Welch Medical Library of the Johns Hopkins University, and for the past five years was Medical Librarian at the Sinai Hospital. Miss Wheeler was graduated from Western High School in Baltimore and received her A.B. degree at Goucher College. In 1945 she received her B.S. degree from the School of Library Service, Columbia University. She has done social work in both Baltimore and South Carolina, and did secretarial work for doctors for ten years. She has studied in France, and has received diplomas or certificates from the Sorbonne, the Alliance Francaise and the University of Clermont. Miss Wheeler is the author of "A Check List of Rush's Writings in the Welch Medical Library," Bull. Hist. Med. 19: 107–112, January 1946.

Miss Pauline Duffield, who served as Librarian from July 1946 until November 1952, has accepted the position of Librarian at the Texas Medical Association in Austin, Texas. Miss Frieda Hewes and Mrs. Bettie McQuay have tendered their resignations and taken positions respectively with Dr. Nicholson J. Eastman and Dr. Otto C. Brantigan. The Medical and Chirurgical Faculty expresses appreciation to these former Library employees and wishes them success in their new positions.

Mrs. Eleanor Kohler will continue in her present capacity in the Library and assist Miss Wheeler. The members of this Association look forward to the future with Miss Wheeler and Mrs. Kohler to carry on the work of the Library of the Medical and Chirurgical Faculty.

THE BARKER FUND

Lewellys Franklin Barker was born in Milldale, Oxford County, Ontario, Canada, on September 16, 1867. He died in Baltimore on July 13, 1943. As a member of the Medical and Chirurgical Faculty, he served on the Council and on the Library Centennial Celebration Committee. In 1925, he held the position of President of the Faculty.

After Dr. Barker had received the thorough preparatory schooling of his day, he wanted to continue his education but his father's income was not sufficient and it was necessary for him to work. While serving as an apprentice to a druggist, he became interested in the study of medicine. In order to obtain this aim, he had to support himself with scholarships and money earned during summer vacations. In 1890, he received the degree of Bachelor of Medicine from the University of Toronto, winning its highest honors for scholarship.

While serving as an intern at the Toronto General Hospital, he decided to continue his career at Johns Hopkins Hospital in Baltimore. Securing an appointment, he came to that hospital. Since the fellowship did not carry a salary, Dr. Barker found it necessary to write editorials for Dr. George M. Gould, of Philadelphia, who paid liberally for the work.

For the following nine years, he was engaged in research work in anatomy under Dr. Franklin P. Mall and in pathology under Dr. William H. Welch. Since the staff of the hospital was composed of many famous men, Dr. Barker had the opportunity to work with them in the shaping of modern medicine.

In 1895, he spent six months in Leipzig doing research work under Dr. Max von Frey, who was carrying out a research project on the localization of the sensory points in the skin. As part of the project, Dr. Barker made a study of sensibility, using his own arm for the experiment. With the encouragement of Dr. Mall, he wrote an account of the histology of the cerebrospinal and sympathetic nerv-

ous systems and of their motor, sensory and association paths. Thus, he entered the field of modern neurological histology in America. This was a field of description in which he was a pioneer. Although he had written a number of books in his lifetime, he considered this first work of greater scientific value than any of the others.

Upon the recommendation of Dr. Mall in 1900, he was appointed Professor of Anatomy at the University of Chicago, where he remained for the next five years. While in Chicago, he translated and edited Spalteholz's "Hand Atlas of Human Anatomy."

During this period, he accepted an invitation to address the Johns Hopkins Alumni in the West. This occasion presented the opportunity to express his ideas on the "whole-time" professors in the clinical chairs of the university medical schools. He made a plea for better organization and endowment of the medical departments of the universities; a plea to pay professors a living wage and not force them to depend on a private practice. This idea, which Dr. Barker in his autobiography credits to Dr. Mall, became a controversial question.

In 1905, Dr. William Osler, Professor of Medicine and Physician-in-Chief of the Johns Hopkins University School of Medicine, vacated the Chair of Medicine, which Dr. Barker was elected to fill. His work had been chiefly devoted to anatomy and pathology until this time; but, upon returning to Baltimore, he soon became proficient in clinical medicine and in the techniques employed in diagnosis and treatment. Realizing the importance of investigation, the work in the clinical laboratories was extended and several small laboratories were provided for additional work in the fields of biological, biochemical and physiological methods in medicine. These laboratories were in the charge of young physicians, who were given a small salary so that they might be able to carry out their investigations without the distraction of private practice.

In 1913, it became possible for the Hopkins Medical School to reorganize the departments along the lines advocated in Dr. Barker's speech of "whole-time" professors. Dr. Barker was offered the opportunity to head the Department of Medicine under this new plan but he felt that he had to decline the offer. Instead, he accepted the Professorship of Clinical Medicine, which he held the remaining years of his life.

Dr. Barker was a member of many important societies, a frequent contributor to medical literature and the recipient of honorary degrees from the universities of Toronto, McGill, Glasgow and Queens.

In 1916, with the assistance of Dr. Maurice C. Pincoffs, he published a three-volume work on "The Clinical Diagnosis of Internal Diseases;" and, in 1922, he edited a five-volume work on "Endocrinology and Metabolism." During his last years, he wrote a fascinating story of his life, entitled "Time and The Physician."

Under the will of Dr. Barker, the Library of the Medical and Chirurgical Faculty was left the sum of one thousand dollars for the purchase of books and journals.

The Faculty bookplate is used and the Barker Fund is so designated.

THE HERBERT HARLAN MEMORIAL FUND

On behalf of the professional friends of Dr. Herbert Harlan, the former Governor Phillips Lee Goldsborough of Maryland presented a portrait of Dr. Harlan and the Herbert Harlan Memorial Fund to the Faculty at the annual meeting on April 22, 1924. The contributors to the Fund specified that the income from the Fund was to be used by the Library Committee to purchase books, monographs and journals on the subject of ophthalmology and that this material was to be marked "Purchased by the Herbert Harlan Memorial Fund."

Herbert Harlan was born at Churchville, Harford County, Maryland, on May 7, 1856. His father, Dr. David Harlan, was a Medical Director for the United States Navy. Consequently, young Harlan obtained his education wherever his father was stationed. He received his early schooling in Harford County and in Philadelphia, where his father was assigned during the War between the States. While his father was the Surgeon-in-Charge at the United States Naval Academy, the son attended the Preparatory Department of St. John's College; and, later, a parish school connected with Holy Trinity Church, near Churchville. He then went to St. Clement's Hall in Ellicott City, Maryland.

In 1873, he entered St. John's College at Annapolis and was graduated with an A.B. degree in 1877. In the fall of 1877, he entered the Medical School of the University of Maryland and was graduated in

1879. After a year of additional medical study in Europe, he returned to Baltimore and began his practice.

His first experience in practice was as Clinical Assistant in Neurology to Dr. Francis T. Miles. At the same time, he began his work in ophthalmology at the Presbyterian Eye, Ear and Throat Charity Hospital under Dr. Julian J. Chisolm. Dr. Harlan was associated with this hospital from the beginning to the end of his professional life: first, as an Assistant Surgeon, from 1880–1890; then, as Surgeon; and, later, serving more than ten years as the Surgeon-in-Chief. In addition to the many years in which Dr. Harlan was associated with the Presbyterian Eye, Ear and Throat Charity Hospital, he was affiliated with the staffs of other institutions. In 1880, he began a ten-year service with the University of Maryland as a teacher, when he became an Assistant Demonstrator, and later the Demonstrator, of Anatomy. From 1890 to 1893, he was Professor of Diseases of the Eye and Ear at Baltimore University; and, from 1896 to 1902, he was connected with the Women's Medical College at Baltimore.

Dr. Harlan joined the Medical and Chirurgical Faculty in 1881 and was President of the Faculty from January 1, 1923, until his death on August 16, 1923. He was elected to the State Board of Medical Examiners in 1904; and, from 1906 until his death, he served as President of that Board.

Dr. Harlan was aware of the medical needs of the State and took an active part in their solution. In 1894, he worked for the enactment of the law requiring the reporting of cases of ophthalmia neonatorum. In 1897, he organized and conducted the examination of the eyes of the public school children in Baltimore. During his Presidency of the State Board of Medical Examiners, laws were enacted and enforced to prevent incompetent men from entering the profession and to curtail the activities of illegal practitioners. In 1915, a resumé of his work for the Public Health Bureau of the United States on the cause of trachoma in the mountain counties of Kentucky was published in the *Maryland Medical Journal*. This publication was one of the many outstanding contributions that Dr. Harlan made to the field of medical literature.

REFERENCES

Crouch, J. F., Friedenwald, Harry, and Woods, Hiram, Herbert Harlan Memorial Fund Report, Tr. Med. Chir. Fac. Maryland **126:** 80, 1924

Woods, Hiram, Herbert Harlan, Tr. Am. Ophth. Soc. **22:** 16–19, 1924

RANDOLPH WINSLOW, M.D.

1852–1937

Dr. Randolph Winslow was a member of the Medical and Chirurgical Faculty, having joined in 1876, and was active until his death. He served on the Council, and many committees. He was President in 1914.

Dr. Winslow's granddaughter, Mrs. A. Waldo Jones of Atlanta, Georgia, paid tribute to her grandfather on his 100th birthday on October 23, 1952 by having flowers placed beneath Dr. Winslow's portrait, which hangs in Osler Hall in the Faculty Building.

This Association wishes to express its appreciation to Mrs. Jones. The Medical and Chirurgical Faculty honors the memory of one of its esteemed members—Dr. Randolph Winslow.

BLUE CROSS AND BLUE SHIELD

WHY MORE THAN 1,600 MARYLAND PHYSICIANS SUPPORT BLUE SHIELD

R. H. DABNEY, *Executive Director**

1. The Blue Shield Plan has medical sponsorship.

Only Blue Shield is sponsored by the physicians of Maryland through the Medical and Chirurgical Faculty and its component county societies.

2. Any licensed physician may become a Participating Physician of Blue Shield.

Any licensed physician in the State of Maryland may request participating membership at any time. More doctors are added each month to the growing list of Blue Shield Participating Physicians.

3. The Service Feature.

The great advantage of Blue Shield over other forms of coverage is the Service Feature.

This feature, which has been discussed at length in previous issues of the Journal, is the physician's solution to the problem of providing prepaid care for their patients in the lower income brackets.

4. Blue Shield offers free choice by the patient.

Patients have free choice—they may continue with their family physician as Blue Shield benefits are payable to any licensed physician. Patients are not limited to a small group of doctors.

Of course, doctors also have free choice; they are not bound to treat a patient simply because he is a Blue Shield member.

5. Non-profit operation.

The income that Blue Shield receives from subscription charges is used to pay for the care received by members, the cost of administration, and to maintain a reasonable reserve for contingencies as required by state law. There are no stockholders, no dividends, and no commissions paid to its sales representatives.

6. A minimum of "red tape."

The physician reports his services on a simplified, single, one-copy form that is provided by the Plan. As soon as the report of services has been received and approved by the Plan, a check is mailed to the physician.

7. Flexibility for unusual or complicated cases.

When a case seems worthy of special consideration as to payment, the physician should include an explanation of the case on his report of services to the Plan. The case is then reviewed by the administrative officers and the physician is notified of the amount payable. The physician always has the right of appeal to the Reference and Appeals Committee on such cases.

8. Blue Shield is "the Doctor's Plan."

The twelve-man Board of Trustees of Blue Shield includes eight physicians appointed by the Faculty. Since the activities of the Plan are inextricably bound up with the physicians' interests, the doctors' representation on the Board enables them to exercise a majority vote on the determination of such issues as the professional policies of the Plan and the amounts listed on the Schedule of Benefits. It is in every way "the Doctor's Plan."

9. The growth of Blue Shield.

The growth of Blue Shield in Maryland during its first year of operation is a significant indication of the confidence placed in it by the public. This confidence is founded in the knowledge that Blue Shield is "the Doctor's Plan"—a knowledge that any plan sponsored by the doctors in the community will give to the public the best medical and surgical care at the lowest possible cost.

* Maryland Hospital Service, Inc. and Maryland Medical Service, Inc.

Woman's Auxiliary to the Medical and Chirurgical Faculty

MRS. GEORGE H. YEAGER, *Auxiliary Editor*

GENERAL MEETING

MEDICAL AND CHIRURGICAL FACULTY,
ANNUAL MEETING*

Wednesday Night, April 30, 1952

DR. ALAN M. CHESNEY, *President, Presiding.*

Dr. Chesney: I think it must be obvious to the most careful observer that this is Ladies Night. This is that portion of the program in which we do honor to the distaff side, the Woman's Auxiliary of the Faculty, and thank them for all the help which they have given the Faculty during the past year.

I note from the program that this is the third Annual Meeting of the Woman's Auxiliary. I must say for three years that organization has been going strong. It is perfectly obvious to me that there hasn't been any feeding problem as far as that organization is concerned and I trust no temper tantrums.

I am particularly happy to be able to thank the Woman's Auxiliary this evening because of the great assistance which they gave to the Medical Schools and the Medical Society for medical research nearly two years ago, on the occasion of the Dog Bill, the referendum before the City Council to amend the Charter in such a way as to really prohibit animal experimentation, in this city. I am quite familiar with what they did during that campaign. They did a marvelous job.

I wonder sometimes whether we would have won had it not been for the help which the ladies particularly of the Auxiliary of the Baltimore City Society gave us. The fact is I'm reminded of a story in that connection, a story on Mark Twain which I have been recently assured is authentic because it is published in Albert Bigelow Payne's "Life of Mark Twain." The story deals with the early period of Mark Twain's career when he came to Washington as a newspaper correspondent, at that time relatively unknown. He soon acquired quite a reputation as an after dinner speaker and was in considerable demand for banquets. Those were the days when it was always customary to have a series of toasts after the banquet was over, and on this particular occasion Mark Twain was called upon to respond to the toast to the ladies. He gave a very flowery oration and ended up with an oratorical question which ran as follows: ". . . in fact what would we be if it were not for the ladies? I'll tell you, Mr. Toastmaster, we would be scarce, we would be scarce." It is entirely possible that we would not have had a victory without the ladies two years ago.

I have the pleasant duty of presenting to the Faculty the present President of the State Woman's Auxiliary. I do this with a certain amount of sadness because when you have known an individual since they were knee-high and then come to the point where you introduce them as the President of an organization, it makes you feel very old indeed.

I must say that if association with doctors is any qualification for the presidency of the Woman's Auxiliary to the Faculty, certainly Mrs. Yeager fulfills those qualifications. I am sure that most of you know that she is the daughter of a surgeon, she is the sister of a surgeon and she is the wife of a surgeon. She has a little boy who she tells me expects to study medicine. I only hope that he will elect when he gets his M.D., to be a medical man and redress the balance in the faculty. I'm sure that you will all agree that any one medical man is equal to any three surgeon.

Without further ado I shall present to you Mrs. Dorothy Stone Yeager, President of the Woman's Auxiliary of the Faculty.

REMARKS OF MRS. GEORGE H. YEAGER, *President*

Mrs. George Yeager: I really only want to thank very much the Medical and Chirurgical Faculty for these lovely flowers which I appreciate very much. I would like to thank Dr. Chatard for representing the Faculty and receiving the Governor's Proclamation of Doctors Day for us, and I would like to thank the staff of the Faculty whom I shall miss

* The first part of the meeting, Transactions, 1952.

like my right arm. They have kept me from making some of the blunders that I would have made every day. In fact I'm in rather an intimidated state right now about saying anything because at lunch today I turned out to be an unintentional wit. I don't think I'll ever live it down.

I just want to say to the doctors that we have a little Public Educational Program in the Auxiliary, in which we try to do some good work for the doctors; for medicine; for medical research; Civil Defense Nurse Recruitment; Americanism; and we recently have tried to testify in favor of fluoridation of Baltimore City's drinking water. We are working on a lot of medical problems. We would like to have every doctor's wife a member. I would like to thank Mrs. Compton for that wonderful Art Show upstairs, and I'd like to say that I'm really not the President, Mrs. Charles H. Williams is today the new President but I guess she will talk to you next year.

WHAT ABOUT OUR AMERICAN EDUCATION?

MRS. A. S. CHALFANT, *Chairman**

The historian, Lord Acton, once said that, "Liberty is the delicate fruit of a mature civilization." We Americans know that we have inherited the greatest amount of Liberty ever enjoyed by any people. What we may not have realized is that this Liberty was the priceless living element in our society which enabled us to conquer a continent and become a great nation; that it is the real and dynamic reason why we have succeeded in developing a standard of living for the common man unequalled anywhere else in the world; that it is the reason why our Medical men, unfettered, have been able to excel in knowledge and in service with the result that we Americans are better cared for medically than any other people.

It is most essential therefore that we understand this fact,—it is possible that we can lose this element so necessary to the physically and spiritually abundant life of our people. Our Forefathers gained it, not easily, but through determined struggle, and if we are to retain it we will have to struggle even as they did for it is seriously threatened.

We have seen the light of Liberty extinguished in many countries since the end of World War II. We are learning that what has happened there can happen here also. It will happen here unless we, as citizens, bestir ourselves to prevent it.

We are all conscious of the very present danger to our country in the world situation, but most of us have been unmindful of *the dangers here at home.* The Founders of our country warned us that the most serious threat to our liberties would arise, not from abroad, but *from within.* How can we recognize these internal dangers? We learn from history that a too great concentration of power always leads to a tyranny and the destruction of what we fondly call "inalienable rights." In their struggle for Liberty through the centuries Americans have always fought power-hungry Big Government. Because we have been free, in America for so long, it is hard to convince ourselves that there is any threat to our freedom now! Where would it come from, in what guise would it appear?

The very basis of our free society lies in the wise provision of the men who wrote our Constitution, whereby the power of the state was divided among the three separate branches of our government,—Executive, Legislative, and Judicial, so that no one man or small group of men, could have too much power over us. This basis of our liberties is threatened today, for unfortunately, there are those among us who have ceased to love Liberty as our Fathers did and as the vast majority of us still do. These people have fallen prey to alien ideas and philosophies and have forgotten, or are no longer loyal to, these basic principles on which our country was founded and upon which our liberties depend. They, foolishly, have no fear of an all-powerful state and continually advocate measures which would give to the Executive more and more power. They urge increasing Federal control of every phase of our private lives, and they would take from the States and give to the Federal government those powers which are specifically and carefully allotted to the States by the Constitution. The boldest of them refer to the Constitution as "an outworn instrument" not suited for our present age. How and where do these people work? Who can tell us about them? How strong are they?

The Patriotic Societies, The American Legion, and similar groups, have done some interesting research on the means and methods by which these

* Committee Chairman American Education.

people seek to influence us for their own purposes. There are certain brave men in Congress who have risked and suffered much to tell us what they have found out. There are groups of embattled citizens such as the Small Businessmen's Association which publishes "The Educational Reviewer," who try to inform us about what is going on under our unsuspecting noses. The consensus of opinion of these loyal, earnest, citizens has been that there is a deliberate attempt on the part of a well organized minority to manipulate our educational system so as to condition the minds of our children for what they call "a new social order." Every Auxiliary member should read, "Your Child is their Target," by Irene Corbally Kuhn, in the June 1952 issue of the American Legion Magazine. Here is a quotation from the Congressional Record of Saturday, October 20, 1951, when this matter was discussed,—"Remember, they do not teach Communism. They do not teach Socialism as such. The scheme is first *to break down the child's faith in our form of government* and then to sell him a half dozen ideas which, when all put together, mean socialism." (Emphasis ours)

How strong are these people? We believe they are not numerically so very strong, but they are very vocal, and having easy access to the press they make noisy and concerted attacks on any who have the temerity to call attention to their evil doings. In consequence they exercise an influence out of all proportion to their number and they succeed quite often in silencing the timorous or smearing the courageous. For an example see the article in "McCall's Magazine," which attempts to discredit Mrs. Lucille Cardin Crain for her excellent work in combatting the teaching of collectivism in our American schools. Edgar Hoover, of the F.B.I. has told us of the concentration of subversives on the East and West Coasts of our country,—that there are many such in New York City. This makes the recent accounts in "The New York Times" of the battle to rid the New York School System of Communist teachers exceedingly interesting reading. In the "Times" of October 23, 1952, there is an account, by Murray Illson, of eight teachers having been suspended since January 31st, on charges of "insubordination and unbecoming conduct" because they refused to answer questions dealing with alleged Communist party membership. The courts had previously upheld the Superintendent's right to ask such questions of them. Mr. Moskoff, Assistant Corporation Council, quoted the following from an article in the May 1937 issue of "The Communist," a magazine on party theory published in the United States:

"Only when teachers have really mastered Marxism Leninism will they be able skilfully to inject it into their teaching *at the least risk of exposure* and at the same time to conduct struggles around the schools in a truly Bolshevik manner." (Emphasis ours)

The only thing honest citizens determined to preserve for their children the birthright of liberty which has been bequeathed, can do is to get into the battle in such numbers and with such enthusiasm and dedication that the victory here at home will be assured. We must make it our business to know what our children are being taught, and if we do not like it, we must tell our friends and neighbors. Together, with each helping the other, we shall destroy "the enemy within the gates."

GETTING OUT THE VOTE

MRS. THOMAS C. WEBSTER, *Chairman*†

The Woman's Auxiliary to the Medical and Chirurgical Faculty, as its contribution to the Ballot Battalions' work of getting out the vote provided baby sitting services for voting parents on November fourth; drove people to the polls, and made thousands of phone calls to ensure as large a vote as possible.

In Baltimore County Mrs. M. E. Strobel, President of the County Auxiliary, and Mrs. Charles H. Williams, State Auxiliary President, worked in Cooperation with the County doctors and many cooperating Ballot Battalion organizations.

In the City The Woman's Auxiliary to the Baltimore City Medical Society established thirty baby sitting centers, to take care of every ward and with *several* in the larger more attenuated ones. We secured doctors' offices, churches, and recreation halls for this use. Ministers, priests, and rabbis were glad to cooperate with us on this non-partisan effort. The response that we got from everyone was most encouraging and made one proud to be an American and to live in a Country where groups having di-

† Chairman Legislation.

vergent views can work so well together for the good of all.

Auxiliary members staffed the child care centers from nine until four o'clock assisted sometimes by church members or members of the other cooperating organizations of the Ballot Battalion. The Auto-

A Summer Board Meeting

Woman's Auxiliary to the Baltimore City Medical Society

Front Row, left to right:

Mrs. H. Hanford Hopkins, Mrs. H. Melvin Radman, Mrs. Albert E. Goldstein, Mrs. Homer Todd, Mrs. George H. Yeager, Mrs. Arthur York, Mrs. A. S. Chalfant.

Back Row, left to right:

Mrs. Edwin H. Stewart, Jr., Mrs. E. Ellsworth Cook, Mrs. Julius Holly, Mrs. Richard Coblentz, Mrs. Harry Bowie, and Mrs. Thomas Webster.

motive Association not only drove people to the polls, but saw that the children were transported to and from our baby stations. After four o'clock the children of voting parents were cared for by the Girl Scouts of The Baltimore Area.

Mrs. Albert E. Goldstein, our City President, did a great part of the work in securing places to keep the children and generally assisted in this project just as our hardworking State and County presidents gave many hours and made many calls to get out the vote in the Counties.

AUXILIARY NEWS

Mrs. Beverley C. Compton, Chairman of the Creative Arts Show, which will be held at the time of the Annual Meeting, urges Auxiliary members to start now to encourage their husbands to exhibit. She would like to have more work from the doctors themselves this year, although doctors' wives and children will of course participate as always.

A recent issue of the "News Letter" of the Maryland State Planning Commission notes under "Briefs" that The Woman's Auxiliary to the Medical and Chirurgical Faculty "has passed a resolution

urging closer medical supervision of mentally or physically impaired drivers."

Mrs. Harry Davies reports that The Woman's Auxiliary to the Montgomery County Medical Society made a great success of their Health Booth at their four day State Fair. Their attendance totaled five thousand persons on the first day alone, and a film about farm accidents, narrated by a physician, which was shown by them proved very popular. Mrs. Davies was especially delighted at the great number of Auxiliary volunteers and at their enthusiasm for the project. She pointed out too, that the A.M.A. literature chosen for distribution included some of a general nature and some dealing specifically with rural problems.

Bad weather combined with illness made things difficult for Mrs. Gerald LeVan and the Washington County Auxiliary members who staffed their Health Booth at the Hagerstown State Fair. However, plans were followed through successfully, and a nurse in uniform was present to assist with their Nurse Recruitment drive.

EISENHOWER AND TAFT AGREE ON COMMISSION TO STUDY HEALTH, WELFARE PROBLEMS

A.M.A. Capitol Clinic, Vol. 3, No. 47, November 25, 1952

President-Elect Eisenhower and Senator Taft, the dominant Republican in the Senate, have agreed that *a commission should be set up to study all federal-state relations in the field of aids and grants, including health and welfare problems.* If the idea receives Congressional approval, it probably will mean "freezing" health and welfare programs at their present level for the next year while the commission carries on its investigation. Some commission members would be appointed by the new President, the remainder by House and Senate leaders. Senator Taft said he expected it to be "predominantly" Republican.

Senator Taft discussed the suggestion following his meeting in New York with the General, where all major legislative issues were taken up. Although he said everything still was in the "thinking out" state, the Senator emphasized *the General was in agreement with him that the commission method appeared the best approach to the problem.* During the campaign Gen. Eisenhower had said he favored an extension of social security. "If we set up the commission, we will hold what we have in these fields but we probably won't enact any legislation that costs more money," the Senator said, "because there's no money left to spend until we can reduce heavy military costs."

DOCTOR DRAFT DEBATED DURING 3-DAY MEETING OF ASSOCIATION OF MILITARY SURGEONS

A.M.A. Capitol Clinic, Vol. 3, No. 47, November 25, 1952

The doctor draft and its future were the dominant theme of the Washington meeting of the Association of Military Surgeons. But left unanswered were two important questions: *1.* Just how much time do military doctors spend on care of dependents? *2.* Can sufficient personnel be obtained for the services on a voluntary basis? The law expires June 31 unless extended by Congress.

Ancillary News

NURSING SECTION

M. RUTH MOUBRAY, R.N., *Administrator*

Steering Committee, Joint Board of Directors of the Three Maryland State Nursing Organizations

BETTER EDUCATION NEEDED FOR NURSES*

New priorities must be given education for nursing if our health program is to keep pace with improvements in plants and equipment, states Elizabeth Ogg in a provocative new study of current nursing needs, PREPARING TOMORROW'S NURSES, recently published by the Public Affairs Committee, New York City, in cooperation with the National League for Nursing.

In spite of wide American interest in public health, the preparation of nurses—our largest group of health workers—has been acutely neglected. This is chiefly due to the fact that the nursing profession has outgrown its former role. As Ruth Sleeper, President of the National League for Nursing, points out: "The scope of nursing has broadened immeasurably in recent years, and advances in medical science have added new duties and new responsibilities. The preparation of tomorrow's nurses is as much a matter of public concern as the construction of a much-needed hospital."

Today the modern nurse, if she functions effectively, is the doctor's co-worker. Besides her traditional nursing abilities she must know something of psychology and be expert in many scientific techniques that once were considered purely the doctor's province. Frequently too she must have administrative abilities.

Not only must nurses be well prepared, but there must be many more of them. The 335,000 registered nurses on active service are not nearly enough to go around. Hospitals are forced to put up with poorly trained personnel many times because they can't find better. Solution to the problem must go back to the nursing schools—which must receive more support from the general public to do their job.

The burden of nursing training has fallen too heavily on hospitals, which support most of our nursing schools, Miss Ogg points out. Although half the expense of all other forms of higher education is borne by the public, not so with nursing: here only 7 per cent comes from public sources.

The only way to ease the heavy budget burden for hospitals is to have the student "pay her way" with services to patients, which she does to a large extent in most hospital schools. All too frequently the valuable time of a student nurse is taken up with repetitive chores that neither increase her knowledge nor improve her efficiency. Consequently as a graduate nurse she is unable to be as effective as she might otherwise be. Ideally her hospital and other experiences should be planned as learning. A student nurse has so much to learn that everything she does should be geared to it.

The appeal of the nursing profession has grown greatly in recent years, as nurses have moved out into the fields of industrial nursing, public health administration and education.

Practical nurses and auxiliaries give roughly half the medical care in our 6,000-odd hospitals today, Miss Ogg points out. Nursing teams of professional nurses, practical nurses, and auxiliaries make it possible for hospitals to spread available professional nursepower farther.

The organizations that combined to form the National League for Nursing have already done much to improve nursing standards and focus public attention on nursing needs. Frank to admit the weaknesses in current nursing education, it is vigorously tackling ways to close the gap between the kind of care we get and the kind we need and want.

* National League for Nursing, 2 Park Avenue, New York 16, New York.

But, as the NLN says, better nursing is everybody's business. The public must help achieve it.

Copies of the pamphlet may be ordered for 25 cents each from the National League for Nursing, 2 Park Avenue, New York 16, New York. Discounts on quantities will be quoted on request.

PHARMACY SECTION

Maryland Board of Pharmacy

L. M. KANTNER, PHAR.D., *Secretary*

COOPERATION ESSENTIAL

With the passage of the Durham-Humphrey Bill, amending the Federal Food, Drug, and Cosmetic Act, it was generally agreed by those familiarizing themselves with the provisions of the new law that inconsistencies existing in drug distribution would largely be corrected.

Unfortunately, all is not working as well as anticipated. This Law permits pharmacists to accept prescriptions (except for narcotics) by telephone, as well as to accept orders by telephone from physicians to refill prescriptions.

Reports are being received to the effect that patients are complaining about the delay in receiving prescriptions presented to a pharmacy for *refilling*. Pharmacists are giving the reason for such delays that they call a physician to obtain his authorization to refill a prescription and find the physician is out. In such cases, a request is left to have the physician call the pharmacist—to obtain his authorization to refill a prescription—such requests are often ignored, and call after call has to be made in order to communicate with the physician and before the pharmacist is permitted to refill and deliver the prescription.

It is well known that many physicians are working to the limit of their physical endurance, and the telephone is a source of much annoyance—this holds for all who have dealings with the public. As an example, the writer just recently kept an accurate account of the time consumed on incoming phone calls for one day, and exactly two hours and seven minutes was so consumed.

It must be realized that pharmacists are held to strict compliance with the provisions of the recently enacted law, relative to dispensing legend drugs only on prescriptions, and the refilling of same requires the physician's authorization. Authorization can be included in the original prescription and if this is not done, then it must be obtained orally from the physician.

What likely is not recognized by some practitioners is that *a patient* cannot, under any circumstances, convey the physician's order to refill a prescription for a legend drug—provision, however, has been made to allow his nurse or secretary to convey from the physician an order to the pharmacist to refill the prescription.

After the debating on the Durham-Humphrey Bill in Congress and its final passage, Mr. Oscar R. Ewing, Administrator Federal Security Agency, came out with the statement that it was his opinion it should have been a requirement on the part of the physician to include in the prescription whether or not he authorized its refilling.

It has to be recognized that in many cases, the physician when prescribing a drug is unable to foresee the need of continued use, and in such cases, he certainly would not authorize the refilling on the original prescription.

The class of effective medication in use today is a type that necessitates medical supervision in its administration. It is for this reason a stringent Federal Law was enacted controlling the dispensing of such drugs.

Too much medication is likely comparable to too little medication. It was for this purpose, the use of certain types of drugs was restricted to physicians.

Therefore, again suggestion is made to the physician to include in his prescription:

N. R.....

Refill.....

Refill P. R. N. till.....

DIRECTORY*

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

March 31, 1951–March 31, 1952

LIST OF PRESIDENTS—1799–1952

1799–1801—Upton Scott.
1801–1815—Philip Thomas.
1815–1820—Ennals Martin.
1820–1826—Robert Moore.
1826–1836—Robert Goldsborough.
1836–1841—Maxwell McDowell.
1841–1848—Joel Hopkins.
1848–1849—Richard Sprigg Steuart.
1849–1850—Peregrine Wroth.
1850–1851—Richard Sprigg Steuart.
1851–1852—William W. Handy.
1852–1853—Michael S. Baer.
1853–1854—John L. Yeates.
1854–1855—John Fonerden.
1855–1856—Jacob S. Baer.
1856–1857—Christopher C. Cox.
1857–1858—Joshua I. Cohen.
1858–1859—Joel Hopkins.
1859–1870—Geo. C. M. Roberts.
1870—John R. W. Dunbar.
1870–1872—Nathan R. Smith.
1872–1873—P. C. Williams.
1873–1874—Charles H. Ohr.
1874–1875—Henry M. Wilson.
1875–1876—John F. Monmonier.
1876–1877—Christopher Johnston.
1877–1878—Abram B. Arnold.
1878–1879—Samuel P. Smith.
1879–1880—Samuel C. Chew.
1880–1881—H. P. C. Wilson.
1881–1882—Frank Donaldson.
1882–1883—William M. Kemp.
1883–1884—Richard McSherry.
1884–1885—Thomas S. Latimer.
1885–1886—John R. Quinan.
1886–1887—George W. Miltenberger.
1887–1888—I. Edmondson Atkinson.
1888–1889—John Morris.
1889–1890—Aaron Friedenwald.
1890–1891—Thomas A. Ashby.
1891–1892—William H. Welch.
1892–1893—L. McLane Tiffany.
1893–1894—George H. Rohé.
1894–1895—Robert W. Johnson.
1895—J. Edwin Michael.
1895–1896—Charles G. Hill.
1896–1897—William Osler.
1897–1898—Charles M. Ellis.
1898–1899—Samuel C. Chew.
1899–1900—Clotworthy Birnie.
1900–1901—Samuel Theobald.
1901–1902—J. McPherson Scott.
1902–1903—William T. Howard.
1903–1904—Eugene F. Cordell.
1904–1905—Edward N. Brush.
1905–1906—Samuel T. Earle, Jr.
1906–1907—Hiram Woods.
1907–1908—Charles O'Donovan.
1908–1909—Brice W. Goldsborough.
1909–1910—G. Milton Linthicum.
1910–1911—Franklin B. Smith.
1912—Hugh H. Young.
1913—Archibald C. Harrison.
1914—Randolph Winslow.
1915—J. W. Humrichouse.
1916—J. Whitridge Williams.
1917—Guy Steele.
1918—William S. Halsted.
1919—John Ruhräh.
1920—James E. Deets.
1921—William S. Gardner.
1922—Arthur H. Hawkins.
1923—Herbert Harlan (Jan.-Aug.). Harry Friedenwald (Aug.-Dec.).
1924—Philip Briscoe.
1925—Lewellys F. Barker.
1926—Thomas B. Johnson, Deceased December 25, 1925.
1926—Josiah S. Bowen.
1927—Thomas S. Cullen.
1928—Peregrine Wroth, Jr.
1929—Alexius McGlannan.
1930—Henry M. Fitzhugh.
1931—J. M. H. Rowland.
1932—Eldridge E. Wolff.
1933—J. Albert Chatard.
1934—George O. Sharrett.
1935—J. M. T. Finney, Sr.
1936—Frederick D. Chappelear.
1937—Arthur M. Shipley.
1938—Frank B. Hines.
1939—Dean Lewis: Acting President, Victor F. Cullen.
1940—Edward P. Thomas.
1941—Harvey B. Stone.
1942—R. Lee Hall.
1943—Charles R. Austrian.
1944—Jacob W. Bird.
1945—Carroll Lockard.
1946—Thomas R. Chambers.
1947—William T. Hammond.
1948—Charles W. Maxson.
1949—W. Houston Toulson.
1950—A. Austin Pearre.
1951—Walter Dent Wise.
1952—Alan M. Chesney.

LIST OF VICE-PRESIDENTS

1799–1848—(Unknown.)
1848–1849—John Readel, Jacob Baer, P. Wroth.
1850–1851—Joel Hopkins, P. Wroth, Jacob Fisher.
1851–1853—(Unknown.)
1853–1854—John Fonerden, Albert Ritchie, P. Wroth.
1854–1855—Geo. C. M. Roberts, Samuel P. Smith, Joel Hopkins.
1855–1856—George C. M. Roberts, G. W. Miltenberger, M. Diffenderffer.
1856–1857—P. Wroth, Wm. H. Davis, Samuel Smith.
1857–1858—William Waters, Frederick Dorsey, Joel Hopkins.
1858–1859—Samuel Chew, Stephen N. C. White, Samuel K. Handy.
1859–1863—John R. W. Dunbar, Samuel Chew, Wm. M. Kemp.
1863–1871—John R. W. Dunbar, Wm. M. Kemp, John C. Hopkins.
1871–1872—C. H. Ohr, Edward Warren, Richard McSherry.
1872–1873—(Unknown.)
1873–1874—Samuel Chew, H. M. Wilson, A. B. Arnold.

* Transactions—1952.

1874–1875—Francis T. Miles, James A. Steuart, D. A. O'Donnell.
1875–1876—Christopher Johnston, A. B. Arnold, J. C. Thomas.
1876–1877—P. C. Williams, James A. Steuart, Francis T. Miles.
1877–1878—S. C. Chew, F. E. Chatard, Charles H. Jones.
1878–1879—James C. Thomas, L. McLane Tiffany.
1879–1880—H. P. C. Wilson, James A. Steuart.
1880–1881—L. McLane Tiffany, G. Ellis Porter.
1881–1882—A. H. Bayly, I. E. Atkinson.
1882–1883—Thomas S. Latimer, Richard McSherry.
1883–1884—W. Stump Forward, J. S. Lynch.
1884–1885—John R. Quinan, I. E. Atkinson.
1885–1886—E. C. Baldwin, J. E. Michael.
1886–1887—Thomas Opie, Richard Gundry.
1887–1888—Charles H. Jones, James Carey Thomas.
1888–1889—J. E. Michael, Thomas P. Evans.
1889–1890—T. A. Ashby, C. G. W. Macgill.
1890–1891—Geo. H. Rohé, J. McPherson Scott.
1891–1892—J. W. Humrichouse, David Streett.
1892–1893—J. W. Downey, J. W. Chambers.
1893–1894—John D. Blake, John S. Fulton.
1894–1895—Charles H. Jones, W. M. Nihiser.
1895–1896—Charles G. Hill, Clotworthy Birnie.
1896–1897—Wilmer Brinton, Randolph Winslow.
1897–1898—W. F. A. Kemp, George J. Preston.
1898–1899—Mary Sherwood, J. McPherson Scott.
1899–1900—Samuel Theobald, David Streett.
1900–1901—Samuel T. Earle, Jr., J. B. R. Purnell.
1901–1902—Harry Friedenwald, B. W. Goldsborough.
1902–1903—Samuel T. Earle, Jr., Wilmer Brinton.
1903–1904—Franklin B. Smith, James M. Craighill.
1904–1905—Samuel T. Earle, Jr., D. C. R. Miller, Julius A. Johnson.
1905–1906—Charles O'Donovan, Thomas M. Chaney, Joseph B. Seth.
1906–1907—William T. Watson, Philip Briscoe, William F. Hines.
1907–1908—Roger Brooke, Henry L. P. Naylor, George Dobbin.
1908–1909—Philip Briscoe, William L. Smith, G. Milton Linthicum.
1909–1910—Philip Briscoe, A. P. Herring, Compton Riely.
1910–1911—J. Staige Davis, H. B. Gantt, Timothy Griffith.
1912—J. L. Riley, D. E. Stone, J. A. Chatard.
1913—J. Staige Davis, C. F. Davison, E. B. Claybrook.
1914—C. R. Winterson, A. L. Franklin, Gordon Wilson.
1915—A. McGlannan, J. E. Deets, R. Lee Hall.
1916—L. C. Carrico, M. D. Norris, J. A. Chatard.
1917—D. E. Stone, A. H. Hawkins, J. M. H. Rowland.
1918—Julius Friedenwald, J. E. Deets, J. McF. Dick.
1919—J. McF. Bergland, Philip Briscoe, J. E. Deets.
1920—T. R. Boggs, A. M. Shipley, Eugene Jones.
1921—J. H. M. Knox, Jr., A. H. Hawkins, C. E. Davidson.
1922—Harry Friedenwald, W. R. White, J. S. Bowen.
1923—J. M. H. Rowland, Harry Friedenwald, Peregrine Wroth, Jr.
1924—C. Urban Smith, J. Percy Wade, E. E. Wolff.
1925—J. S. Bowen, T. B. Johnson, J. McF. Dick.
1926—Standish McCleary, G. Roger Myers, S. A. Nichols.
1927—Standish McCleary, John L. Riley, Frank S. Keating.
1928—J. Albert Chatard, F. B. Hines, R. T. Miller, Jr.
1929—Henry M. Fitzhugh, Robert P. Bay, Thomas R. Boggs.
1930—F. D. Chappelear, W. T. Hammond, F. B. Hines.
1931—W. D. Campbell, H. M. Lankford, Charles Maxson.
1932—W. T. Hammond, John T. King, Jr., Lewis K. Woodward.
1933—S. A. Nichols, E. H. Hutchins, W. S. Seymour.
1934—G. C. Lockard, W. R. White, J. L. Riley.
1935—J. McF. Dick, Louis Hamman, V. D. Miller.
1936—Harvey G. Beck, Norman S. Dudley, Jesse O. Purvis.
1937—Harvey B. Stone, W. A. Gracie, R. Lee Hall.
1938—Frank S. Lynn, Richard C. Dodson, Everard Briscoe.
1939—Victor F. Cullen, Frederic V. Beitler, William D. Noble.
1940—Edward P. Smith, H. A. Cantwell, Charles L. Owens.
1941—Guy L. Hunner, Charles R. Foutz, R. Lee Hall.
1942—Maurice C. Pincoffs, Wm. F. Williams, Jacob W. Bird.
1943—Charles Reid Edwards, A. Austin Pearre, J. Oliver Purvis.
1944—Alan M. Chesney, William D. Campbell, Hugh R. Spencer.
1945—William N. Palmer, Harry R. Slack, Armfield F. Van Bibber.
1946—William D. Noble, Grant E. Ward, John S. Green, Jr.
1947—Huntington Williams, Frank M. Wilson, J. Herbert Bates.
1948—William Neill, Jr., Baltimore; Samuel E. Enfield, Cumberland; F. Seton Waesche, Snow Hill.
1949—Amos R. Koontz, Baltimore; O. H. Binkley, Hagerstown; P. E. Cox, Easton.
1950—I. Ridgeway Trimble, Baltimore; Vincent H. Davis, Chesapeake City; Thomas K. Galvin, Baltimore.
1951—Samuel McLanahan, Baltimore; Frank D. Worthington, Frederick; Frank W. Smith, Chestertown.
1952—Frank J. Geraghty, Baltimore; W. A. Gracie, Cumberland; Deceased 12-28-51; William F. Williams, Cumberland; R. Carmichael Tilghman, Baltimore.

ACTIVE MEMBERS OF COMPONENT SOCIETIES. 1952

Allegany-Garrett County

Alvarez, Joseph, 101—3rd Street, Oakland
Ballin, R. W., 62 Greene Street
Baumgartner, E. I., Oakland, Maryland
Benjamin, Gilbert W., Hillen Station, W. Md. RR Co., Baltimore 2
Brings, Elizabeth, La Vale, Maryland
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Carroll County

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Bush, Edgar Murray, Hampstead, Md.
Bush, Joseph E., Hampstead, Md.
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Schwatka, C. Taylor, 1001 Dundalk Ave., Dundalk 22, Md.
Whaley, T. B., Princess Anne, Md.

Talbot County

Ambler, J. Thompson B., Easton, Md.
Baker, J. Tyler, Easton, Md.
Baybutt, J. E., 214 E. Dover St., Easton, Md.
Buell, Martin F., Easton, Md.
Cecil, A. B., Jr., Easton, Md.
Cox, P. Evans, Easton, Md.
Hammond, W. T., Easton, Md.
Harrison, Thurston, Easton, Md.
Kinnamon, Howard F., Easton, Md.
Krech, Shepard, Jr., 213 E. Dover St., Easton, Md.
Lawson, Edward Kirby, Oxford, Md.
Lederer, Kurt, Queen Anne, Md.
Milholland, Arthur Vincent, St. Michaels, Md.
Noble, William D., 214 E. Dover St., Easton, Md.
Palmer, Margaret Virginia, Easton, Md.
Palmer, W. N., Easton, Md.
Perkins, R. L., Royal Oak, Md.
Reeser, Guy M., Tilghman's Island, Md.
Schneider, John F., Easton, Md.
Seymour, W. S., Trappe, Md.
Stevens, A. McC., Easton, Md.
Welty, Louis S., Easton, Md.
Willson, S. Denny, St. Michaels, Md.

Washington County

Baptista, Arthur J., 115 King Street, Hagerstown, Md.
Beachley, John H., 221 N. Washington Street, Hagerstown, Md.
Bell, R. A., 119 N. Potomac Street, Hagerstown, Md.
Bender, W. R., 34 W. Franklin Street, Hagerstown, Md.
Binford, Richard T., 1135 Potomac Avenue, Hagerstown, Md.
Binkley, O. H., Hagerstown, Md.
Blair, Harry Edwin, Hagerstown, Md.
Bowman, Harry Daniel, 318 N. Potomac Street, Hagerstown, Md.
Brewer, David R., Clear Spring, Md.
Brumback, Lynn H., 170 W. Washington Street, Hagerstown, Md.
Butterfield, Paul William, Route 3, Hagerstown, Md.
Campbell, Edgar Thrall, 145 W. Washington Street, Hagerstown, Md.

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Campbell, Robert van Lieu, 145 W. Washington Street, Hagerstown, Md.
Campbell, William D., Hagerstown, Md.
Cohen, Archie Robert, Clear Spring, Md.
Conrad, Robert P., 170 W. Washington Street, Hagerstown, Md.
Crawford, J. W., P. O. Box 654, Martinsburg, W. Virginia
Ditto, E. W., Jr., Hagerstown, Md.
Dobbie, John James, 115 King Street, Hagerstown, Md.
Dwyer, James Richard, 245 N. Potomac Street, Hagerstown, Md.
Gilmer, H. D., Hagerstown, Md.
Graff, Frederick L., 116 W. Washington Street, Hagerstown, Md.
Graff, Henry F., 116 W. Washington Street, Hagerstown, Md.
Hauver, Richard V., Hagerstown, Md.
Hirshman, P. J., 159 W. Washington Street, Hagerstown, Md.
Hoachlander, Eldon George, 115 W. Washington Street, Hagerstown, Md.
Hoffman, Lloyd A., 214 N. Potomac Street, Hagerstown, Md.
Hornbaker, John H., 158 W. Washington Street, Hagerstown, Md.
Houghton, Ira Luther, 115 W. Washington Street, Hagerstown, Md.
Jennings, George E., 136 W. Washington Street, Hagerstown, Md.
Keadle, R. F., 132 W. Washington Street, Hagerstown, Md.
Kneisley, Bender B., 148 W. Washington Street, Hagerstown, Md.
Kohler, G. A., Smithsburg, Md.
Layman, J. W., 100 Professional Building, Hagerstown, Md.
Layman, William T., 100 Professional Building, Hagerstown, Md.
Le Van, G. Wilburforce, Boonsboro, Md.
Link, Vaughen Harwood, 245 N. Potomac Street, Hagerstown, Md.
Lusby, Frank F., Hagerstown, Md.
Macht, Stanley Howard, Washington County Hospital, Hagerstown, Md.
Miller, Victor D., Hagerstown, Md.
Moran, John A., 215 W. Washington Street, Hagerstown, Md.
Mowrer, C. L., Hagerstown, Md.
Norment, Richard B. J., Hagerstown, Md.
Novenstein, Sidney, Funkstown, Md.
Poole, Ernest F., 188 W. Washington Street, Hagerstown, Md.
Prather, Perry F., 115 N. Potomac Street, Hagerstown, Md.
Sachs, James Wilbur, 151 W. Washington Street, Hagerstown, Md.
Schulze, William C., Hagerstown, Md.
Shaffer, Lester M., Hancock, Md.
Shealy, Walter H., Sharpsburg, Md.
Shupp, F. F., 109½ N. Potomac Street, Hagerstown, Md.
Smith, W. Hamilton, 137 W. Washington Street, Hagerstown, Md.
Smoot, Merrill C., 170 W. Washington Street, Hagerstown, Md.
Spence, James E. H., Western Maryland Railway Company, Hagerstown, Md.
Sprecher, Omar Daniel, Jr., 314 N. Potomac Street, Hagerstown, Md.
Stauffer, R. S., Hagerstown, Md.
Sullivan, Margaret E., 318 N. Potomac Street, Hagerstown, Md.
Tabler, Homer E., Hancock, Md.
Tobias, Herbert R., Hancock, Md.
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Warden, Jacob Garvin, 832 Potomac Avenue, Hagerstown, Md.
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Wells, Samuel Robert, Hagerstown, Md.
Welty, Dalton M., E. Hillcrest at Potomac Street, Hagerstown, Md.
Wilson, John Dean, Smithsburg, Md.
Wolfinger, W. L., Waynesboro, Pennsylvania
Wroth, Peregrine, Jr., 145 S. Prospect Street, Hagerstown, Md.
Yeager, W. H., Hagerstown, Md.
Young, Ralph Funk, 101 E. Potomac Street, Williamsport, Md.
Young, S. Earl, 127 W. Washington Street, Hagerstown, Md.
Zimmerman, I. M., Williamsport, Md.

Wicomico County

Baker, Robert L., 500 N. Division St., Salisbury, Md.
Barnes, Harry A., Sykesville, Md.
Bishop, James R., E. Main Street, Salisbury, Md.
Bloxom, John M., 802 N. Division Street, Salisbury, Md.
Briele, Henry, 504 N. Division Street, Salisbury, Md.
Christensen, Osborne D., 124 E. Main Street, Salisbury, Md.
Ellis, Wilbur R., 504 Camden Avenue, Salisbury, Md.
Emrich, William, Hebron, Md.
Fisher, Charles T., 300 N. Division Street, Salisbury, Md.
Fisher, William Henry, Jr., 504 N. Division Street, Salisbury, Md.
Gillis, Marion Howard, Jr., Walnut Street, Salisbury, Md.
Gilmore, David J., 504 Camden Avenue, Salisbury, Md.
Gore, Robert J., 302 N. Division Street, Salisbury, Md.
Gramse, Fred R., Professional Building, Salisbury, Md.
Gray, William David, Camden Avenue, Salisbury, Md.
Hanson, I. Rivers, 500 N. Division Street, Salisbury, Md.
Hearn, Carrie I., W. Church Street, Salisbury, Md.
Howard, William Lawrence, 1 N. Division Street, Salisbury, Md.
Hurdle, Seth H., Salisbury, Md.
Insley, Philip A., E. Main Street, Salisbury, Md.
Kitts, Albert W., 502 N. Division Street, Salisbury, Md.
Kuhlman, Harry S., Sharptown, Md.
Lawrence, Margaret W., R.F.D. #1, Parsonsburg, Md.
Lawry, Lee L., Jr., Fruitland, Md.
Lewis, Frank R., Willards, Md.
Long, William B., 504 N. Division Street, Salisbury, Md.
McCallum, James A., Salisbury, Md.
McCullough, Kendrick, R.F.D. #1, Parsonsburg, Md.
Mann, Hunter R., Professional Building, Salisbury, Md.
Mann, Hunter R., Jr., Professional Building, Salisbury, Md.
Mattax, Alberta Malcarney, 238 Camden Avenue, Salisbury, Md.
Mattax, Harry McCoy, 238 Camden Avenue, Salisbury, Md.
Morgan, W. C., Professional Building, Salisbury, Md.
Nock, R. M., Professional Building, Salisbury, Md.
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Sembley, G. H., Church Street, Salisbury, Md.

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Waters, Zack, Camden Avenue, Salisbury, Md.
Williams, Jack K., 203 W. Church Street, Salisbury, Md.

Worcester County

Cohen, Paul, Snow Hill, Md.
Dickerson, John D., Stockton, Md.
La Mar, Robert C., Snow Hill, Md.
Llewelyn, Helen Ensor, 6th Street, Pocomoke City, Md.
Llewelyn, Louis G., 6th Street, Pocomoke City, Md.
O'Donnell, T. F., Berlin, Md.
Robbins, Herman A., Bay Street, Berlin, Md.
Sartorius, Norman E., Pocomoke City, Md.
Sartorius, Norman E., Jr., Pocomoke City, Md.
Schott, Clifford E., 310 N. Main Street, Berlin, Md.
Thomas, Nathaniel R., 703 Baltimore Avenue, Ocean City, Md.
Townsend, Francis J., Jr., Ocean City, Md.
Trader, Charles W., 302 Market Street, Pocomoke City, Md.
Waesche, F. Seton (Asso.), Snow Hill, Md.

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Conner, Eugene H., 1012 S. Farragut Ave., Philadelphia 43, Pa.
Copeland, Murray M., Georgetown Univ. Medical Center, Washington, D. C.
Corbett, William W., Council on Medical Education & Hospitals, American Medical Association, 535 N. Dearborn St., Chicago 10, Ill.
Council, Wilfred A. H., Jr., U. S. Naval Hospital, Chelsea, Mass.
Cruikshank, Dwight P., III, 221 Beech St., Grafton, West Virginia.
Duvall, Robert Caywood, Jr., U. S. Public Health Service Dispensary, 4th St. (between C and D) S.W., Wash., D. C.
Furness, Josephine W., 35-37 Mataman St., Palmerton, North, New Zealand.
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Hazard, Elmer C., 75 Washington St., Long Branch, N. J.
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Lyford, John, III, Henry Ford Hospital, Detroit 2, Michigan.
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Miller, Stanley, 1447 University Terrace, Ann Arbor, Michigan.
Minden, Joseph Harold, Medical Arts Building, Hamilton, Ontario.
Mitchell, Henry S., Ft. Mackenzie, Sheridan, Wyoming.
Mitchell, William A., 4309 Stuart St., Greenville, Texas.
Mount, Charles LeMear, Jr., Winter V. A. Hospital, Topeka, Kansas.
Olds, John McKee, Notre Dame Memorial Hosp., Twillingate, Newfoundland.
Rosin, John David, Mayo Clinic, Rochester, Minnesota.
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Thompson, Charles Baker, Lifwyn Foundation, Westport, Conn.
Virgilio, Frank D., USNAS Medical Dept., Patuxent River, Md.

DIRECTORY

March 31, 1951–March 31, 1952

BALTIMORE CITY MEDICAL SOCIETY

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Abercrombie, Anna S., 3524 Greenmount Ave.—18
Abercrombie, Ronald T., Warrington Apartments—18
Abeshouse, Benjamin S., 100 W. Monument St.—1
Abramovitz, Leonard J., 2519 Talbot Road—16
Abrams, Michael A., 1820 Eutaw Place—17
Abrams, Robert Calvin, 1820 Eutaw Place—17
Acton, Conrad, 1208 St. Paul St.—2
Acton, Elizabeth, 700 Cathedral Street—1
Adams, Frederick K., 1222 N. Caroline Street—13
Adams, Maurice L., 238 N. Cary Street—23
Adams, Nicholas Floyd, Jr., 1118 St. Paul St.—2
Adams, Thurston R., University Hospital—1
Akman, Leonard Carl, 803 Cathedral Street—1
Alagia, Damian P., 305 Frederick Ave.—28
Alecce, A. Andrew, 3330 E. Baltimore Street—24
Alessi, Edward J., 6217 Harford Rd.—14
Alessi, Silvio A., 6217 Harford Rd.—14
Allan, Warde B., 6 E. Eager St.—2
Alvarez de Chaudens, Jose A., 2006 Deering Avenue—30
Anderson, Andrew R., 715 Park Avenue—1
Anderson, George Woodrow, Johns Hopkins Hospital—5
Anderson, Townsend W., 1612 Edmondson Avenue—23
Anderson, Walter A., 3001 Shannon Drive—13
Andrus, E. Cowles, 24 E. Eager Street—2
Appelfeld, Willard D., 2511 Reisterstown Road—17
Ardinger, Joseph Stanley, Jr., 1230 Augusta Avenue—29
Arnold, James G., The Latrobe Apts.—2
Artigiani, Philibert, 2942 E. Fayette St.—24
Ascher, Eduard, Johns Hopkins Hospital—5
Ashbury, Howard H., 6 E. Eager St.—2
Ashman, Harry, 1921 W. North Ave.—17
Ashman, Leon, 1201 Poplar Grove St.—16
Ashworth, John William, 1129 St. Paul St.—2
Askin, John A., 1406 Eutaw Place—17
Asper, Samuel P., Johns Hopkins Hospital—5
Athey, H. B., 2504 St. Paul St.—18
Aubrey, John Forsythe, 34th & Guilford Ave.—18
Austrian, Charles R., 1417 Eutaw Place—17
Austrian, Robert, Johns Hopkins Hospital—5
Ayd, Frank J., 2005 E. Monument St.—5
Ayd, Frank J., Jr., 2600 Ailsa Avenue—18
Babb, Dudley C., 1100 N. Charles St.—1
Bacharach, David, 4500 Bonner Road—16
Bachman, Leonard, U. S. Naval Hospital, Chelsea, Mass.
Bacon, A. Maynard, Jr., 4619 Marble Hall Road—12
Baetjer, Walter A., 1101 St. Paul St.—2
Baggott, Bartus T., 3812 Greenmount Ave.—18
Bagley, Cecil H., The Latrobe Apts.—2
Bagley, Charles, Jr., The Latrobe Apts.—2
Bagusin, Alexis M., 5726 Cross Country Blvd.—9
Bahnson, Henry T., Johns Hopkins Hospital—5
Baker, Benjamin M., Jr., 9 E. Chase St.—2
Baker, Frank William, Jr., 1028 Tunbridge Road—12
Baldwin, Ruth Workman, University Hospital—1
Balfour, Charles Edward, 1103 St. Paul St.—2
Ballard, Edwin Kemp, 1622 Mt. Royal Ave.—17
Ballard, Margaret B., Medical Arts Bldg.—1
Ballich, Nicholas L., 11 E. Chase Street—2
Ballina, Jones B., 1036 N. Calvert St.—2
Bampfield, F. J., 1543 Northern Parkway—12
Banfield, Gilbert L., 722 N. Fulton Avenue—17
Barnaby, John W., Jr., 1531 E. North Ave.—13
Barnes, Thomas G., 503 Castle Drive—12
Barnett, Charles Phelps, 1404 Lochner Road—12
Barnett, Donald J., X-ray Dept., University Hospital—1
Barranco, S. H., 436 E. Fort Ave.—30
Battaglia, D. Thomas, 5829 Belair Rd.—6
Bauer, Robert E., 5711 Nasco Place—12
Baun, Max, 1501 N. Milton Ave.—13
Bawden, George A., 1517 E. North Ave.—13
Bayer, Ira E., 11 E. Chase Street—2
Baylin, Morris J., 2040 Eutaw Place—17
Baylor, John W., 1118 St. Paul St.—2
Baylus, Herman H., 1600 Wilkens Ave.—23
Baylus, Meyer Milby, 2216 Eutaw Place—17
Beacham, Edmund George, 1721 E. 33rd Street—18
Beck, Harry McBrine, 120 Midhurst Road—12

Beck, Harvey G., 100 E. 23rd St.—18
Beck, Nathaniel M., 2818 St. Paul Street—18
Beissinger, Heinz F., 5201 Pleasant Street—7
Benesuns, Joseph G., 110 E. Lombard St.—2
Bennett, George E., 4 E. Madison St.—2
Benson, Carl F., 5111 York Rd.—12
Benson, John Fisher, 5111 York Road—12
Berdiansky, Benjamin, Ft. Sam Houston, Texas
Bereston, Eugene S., 2406 Eutaw Place—17
Bergland, John McF., 1014 St. Paul St.—2
Berman, Edgar F., 809 Cathedral St.—1
Bernheim, Bertram M., 2424 Eutaw Place—17
Bernstein, Alan, 1109 N. Calvert St.—2
Bernstein, Milton, 3302 Clarkes Lane —15
Berry, Robert Zinn, 3552 Broad Street, Phila., Pa.
Betz, Barbara J., 1503 Bolton Street—17
Bianco, John J., 1114 St. Paul Street —2
Biehl, Harold Paul, 11 E. Chase Street—2
Billups, Gaius W., 504 Murdock Road—12
Bindeman, William Wylie, 4007 Carlisle Avenue—16
Bing, James F., 715 Park Avenue—1
Bird, Joseph Gordon, Northwood Professional Center, 1532 Havenwood Road—18
Bishop, G. W., Sheridan Ave. and York Rd.—12
Bix, Hans, 2516 Linden Ave.—17
Blair, Emil, Baltimore City Hospitals—24
Blake, Herbert C., Medical Arts Bldg.—1
Blalock, Alfred, Johns Hopkins Hospital—5
Blazek, Charles Joseph, 101 E. Biddle Street—2
Blechman, A. Joel, 3426 Bank Street —24
Block, Walter P., 509 Drury Lane—29
Blum, Joseph S., 1115 N. Calvert Street—2
Blum, Louis V., 2310 Eutaw Place—17
Bodenheimer, Ernst, 1212 Eutaw Place—17
Bogorad, Daniel E., 1905 W. Baltimore St.—23
Bohlman, Harold R., Medical Arts Bldg.—1
Bokhair, Lee, Maryland General Hospital—1
Bongardt, Henry F., 201 W. Madison St.—1
Borden, Jesse N., 1109 N. Calvert Street—2
Borden, Melvin N., 5000 Old Frederick Road—29
Bordley, James, Jr., 330 N. Charles St.—1
Bordley, John Earle, 330 N. Charles St.—1
Borges, Francis Joseph, 2528 Maryland Avenue—18
Borkovich, Katherine H., 11 E. Chase Street—2
Boss, M. Theodore, Medical Arts Bldg.—1
Bossyns, Albert J., 4122 Kathland Ave.—7
Bowe, Dudley P., 2 W. Read St.—1
Bowie, Harry Clay, 1011 N. Calvert Street—2
Bowie, Helen, 916 W. University Parkway—10
Bowyer, Thomas S., Medical Arts Bldg.—1
Boyd, Charles Holmes, 24 E. Eager Street—2
Boyd, Kenneth B., 1114 St. Paul Street—2
Boyle, John Brook, Jr., 1226 St. Paul Street—2
Brack, Charles Bernard, 11 E. Chase St.—2
Brackin, John T., Jr., Veterans Hospital, Fort Howard, Md.
Bradley, J. Edmund, University Hospital—1
Brady, Frank Joseph, 4530 Marble Hall Road—12
Brady, Leo, Medical Arts Bldg.—1
Brager, Simon, 1800 N. Charles St.—1
Brailey, Miriam Esther, Harriet Lane Hospital—5
Branon, A. Brooks, Cambridge Arms Apartments—18
Brantigan, Otto C., 104 W. Madison St.—1
Breitstein, Moses L., 1212 Eutaw Place—17
Brendle, William K., Maryland General Hospital—1
Brennan, Thomas J., 5217 Harford Road—14
Brickman, Helen Cicely, Hospital for the Women of Maryland—17
Bridgman, E. W., 11 E. Chase St.—2
Brinsfield, Carlton, 1231 Gleneagle Road—12
Bronos, George J., 507 Castle Drive—12
Bronushas, I. Benedict, 3037 O'Donnell St.—24
Bronushas, Joseph B. Bernard, 3037 O'Donnell St.—24
Brooks, Ross C., 2512 E. Monument Street—5
Brouillet, George H., 102 Dunkirk Road—12
Brown, Ernest Claiborne, Jr., 1101 N. Calvert Street—2
Brown, James, Jr., Medical Arts Bldg.—1
Brown, Paul, 3602 Liberty Heights Ave.—17
Brown, Webster H., 11, E. Biddle Street—2
Browne, James S., University Hospital—1
Browne, Rayner, 1500 E. Madison Street—5
Broyles, Edwin N., 1100 N. Charles St.—1
Brumback, Frank Edgar, 1339 Pentwood Road—12
Brumback, Joseph E., Medical Arts Bldg.—1
Brumback, Joseph E., Jr., 201 Edgevale Road—10
Bubert, Howard M., Medical Arts Bldg.—1
Buchness, Anthony V., 110 E. Lombard St.—2
Buchness, John A., 110 E. Lombard St.—2
Buck, Walter B., 18 E. Eager St.—2
Bunce, Paul L., 626 N. Washington Street—5
Bundick, William R., 840 Park Avenue—1
Burger, T. Terry, 3301 N. Charles St.—18
Burgin, Bernard, 6721 Reisterstown Road—15
Burnett, Jack M., 1401 Stonewood Road—12
Butler, W. Berkley, 2033 Druid Hill Avenue—17
Byerly, Marshall P., 3033 W. North Ave.—16
Cahn, Charles A., 2145 W. Baltimore St.—23

Camp, Leah Rosenblatt, 3321 Sequoia Avenue—15
Camp, Oscar B., 3705 Liberty Heights Avenue—15
Campbell, Charles R., 718 Dolphin Street—17
Cannon, Burdelle Sittler, 509 Medical Arts Bldg.—1
Cantrell, James R., Johns Hopkins Hospital—5
Caplan, Lester H., 4208 Colonial Road—8
Carey, T. Nelson, 1014 St. Paul St.—2
Carliner, Paul Elliott, 2217 South Rd.—9
Carman, Richard Perry, 3602 Frederick Avenue—29
Carozza, Anthony F., 5217 York Rd.—12
Carr, Charles E., 6007 York Road—12
Carr, James D., 1427 Madison Avenue—17
Carroll, H. Roland, 4202 Charlcote Road—18
Carter, Lucille Price, 203 Hilltop Road, Silver Spring, Md.
Casler, DeWitt B., 13 W. Chase St.—2
Castagna, Joseph V., 1011 N. Charles Street—2
Chalfant, A. Stuart, 6210 York Rd. —12
Chambers, Earl Leroy, 4108 Liberty Heights Ave.—7
Chambers, Ewan Buchanan, 12 York Road, York Road at Burke Ave., Towson
Chambers, John W., 18 W. Franklin St.—1
Chambers, Robert George, 945 Ellicott Driveway—16
Chambers, Thomas R., 18 W. Franklin St.—1
Chant, Harry L., Johns Hopkins Hospital—5
Chase, William Edward, 1109 Nix Professional Building, San Antonio 5, Texas
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Chatard, J. Albert, 15 E. Biddle Street—2
Checket, Pierson M., 1801 Eutaw Place—17
Chenowith, Robert Franklin, 1114 St. Paul St.—2
Chesney, Alan M., 1419 Eutaw Place—17
Chiodi, Nathan E., 11 E. Chase Street—2
Chisolm, J. J., 6 E. Eager Street—2
Clapp, Clyde A., 513 N. Charles St.—1
Clark, Fred Harlow, 3610 Gwynn Oak Ave.—7
Classen, John Newell, 2934 N. Calvert Street—18
Cleary, Louis F., 6420 Reisterstown Road—15
Clemson, Earl P., 701 Cathedral Street—1
Clough, Paul W., 24 E. Eager St.—2
Cobb, John Candler, 615 N. Wolfe Street—5
Coblentz, R. G., Latrobe Apts.—2
Cohen, Bernard J., Marlborough Apts.—17
Cohen, Harry, 803 Cathedral Street —1
Cohen, Irvin H., 4017 Annellen Road—15
Cohen, Jonas Harold, 5901 Park Heights Avenue—15
Cohen, Morris M., 1115 St. Paul Street—2
Cohn, L. Clarence, 3301 N. Charles St.—18
Cole, Alfred, 136 S. Hilton Street—29
Cole, John Wesley, 6604 Loch Raven Boulevard—Towson 4
Cole, Norman Brown, University Club—1
Coleman, William J., 2810 Chelsea Terrace—16
Collenberg, H. T., 2 W. Read St.—1
Collins, James M., 3321 Frederick Ave.—29
Colsky, Jacob, 6129 Parkway Drive —12
Colston, J. A. C., 1201 N. Calvert St.—2
Compton, Beverley C., 1014 St. Paul Street—2
Compton, J. Richard, Woman's Hospital—17
Conley, C. Lockard, 120 E. Lake Avenue—12
Conn, Jacob Harry, 2325 Eutaw Place—17
Connolly, Harry John, 13 East Eager St.—2
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Cooper, Theodore, 2201 Eutaw Place —17
Copeland, Herbert B., 2237 Eutaw Place—17
Cordi, Joseph M., 1261 E. Belvedere Avenue—12
Cornbrooks, Ernest I., Jr., Medical Arts Bldg.—1
Costantini, John, 234 S. Conkling Street—24
Cotter, Edward Francis, 11 E. Chase Street—2
Cotton, Albertus, 101 E. Preston St. —2
Council, Wilfred A., 1246 Sacramento Street, San Francisco, Calif.
Covington, E. Eugene, 828 Park Avenue—1
Cox, William Franklin, 3rd, 231 E. University Parkway—18
Crimy, Charles P., 2722 E. Monument St.—5
Crocker, Melvin Hugh, 1204 St. Paul Street—2
Crosby, Edwin L., Johns Hopkins Hospital—5
Cross, Ernest S., 1035 N. Calvert St.—2
Cross, Ernest S., Jr., 4408 Atwick Road—10
Cross, Richard J., Randolph Field, Texas
*Crouch, J. Frank, The Latrobe Apts.—2
Crowe, Samuel J., 4332 N. Charles St.—18
Crowther, Aloho H., 4209 Frederick Ave.—29
Cullen, Thomas Stephen, 20 E. Eager St.—2
Cumin, Milton H., 4302 Springdale Avenue—7
Cunningham, Raymond M., 11 E. Chase St.—2
Currie, Dwight McI., 11 E. Chase St.—2
Curtis, Raymond M., 113 Beechdale Road—10
Dana, Edward R., 5704 Beauregard Avenue—12
Daniels, Thomas F., 6 E. Eager St.—2
D'Antonio, Joseph, 600 Franklin Avenue, Essex—21

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Daugharthy, A. Bradley, 1264 Francis Avenue, Halethorpe
Davidov, Nathan J., 3218 Eastern Avenue—24
Davidson, Charles Nuchols, Medical Arts Bldg.—1
Davidson, Nachman, 812 Park Avenue—1
Davies, Arthur J., 800 W. 33rd St.—11
Davis, E. Hollister, 3301 N. Charles Street—18
Davis, Frank Willard, 824 Argonne Drive—18
Davis, John R., Jr., Medical Arts Building—1
Davis, Marvin Hersch, 408 Swann Avenue, Apt. D.—29
Davis, William Bowdoin, 701 Cathedral Street—1
Day, Newland Edward, 4 E. 33rd Street—18
Deane, Garrett E., University Hospital—1
Debuskey, Matthew, 2412 Eutaw Place—17
DeCarlo, John, Jr., 1211 Cochran Avenue—12
Deckert, William Allen, 1114 St. Paul St.—2
De Hoff, George W., 2020 N. Charles St.—18
De Hoff, John Burling, 2020 N. Charles St.—18
Deibel, Harry, 1224 Hanover Street—30
Delfs, Eleanor, Johns Hopkins Hospital—5
Demarco, Salvatore, Jr., 715 N. Charles Street—1
Dennis, John Murray, University Hospital—1
Denny, Walter L., The Walbert Apts.—1
De Vincentis, Michael Louis, 11 E. Chase Street—2
Dickey, Francis G., 736 Northern Parkway—12
Dickson, Lawrie C., Jr., 493 St. Clair Avenue, Grosse Point, 30, Michigan
Diehl, William K., 11 E. Chase St.—2
Diener, Louis, 2449 Eutaw Place—17
Diggs, Everett S., 11 E. Chase Street—2
Di Paula, Anthony F., 11 E. Chase Street—2
Dix, Harold C., 405 N. Charles St.—1
Dixon, Alfred B., 229 E. 33rd Street—18
Dixon, Darius McClelland, Medical Arts Bldg.—1
Dixon, William Thomas, 3704 N. Charles Street—18
Dobihal, Louis Charles, 447 N. Kenwood Ave.—24
Dodd, William A., 700 N. Charles Street—1
Doeller, Charles Henry, Jr., 1025 N. Calvert Street—2
Doran, William T., Jr., 221 W. Lanvale Street—17
Dorf, Herman J., 3103 Garrison Blvd.—16
Dorman, John William, Jr., 3101 St. Paul St.—19
Douglass, Carleton Cecil, 1201 N. Calvert Street—2
Douglass, Louis H., University Hospital—1
Drenga, Joseph F., 209 S. Chester Street—31
Drozd, Joseph, 2601 Eastern Ave.—24
Duffy, William C., 1120 St. Paul Street—2
Dugan, Hammond J., Jr., 15 E. Biddle Street—2
Dunnigan, William C., 4916 Harford Rd.—14
Dwyer, Frank P., Jr., 431 Greenlaw Road—28
Eadie, Frederick Stearns, Baltimore City Hospitals—24
Eareckson, Vincent O., Jr., 2309 Elsinor Avenue—16
Eastland, John Sheldon, Medical Arts Bldg.—1
Eastman, Nicholson J., Johns Hopkins Hospital—5
Eaton, George O., 4 E. Madison St.—1
Eaton, W. Drummond, 11 E. Chase St.—2
Ebeling, Karl W., 3311 St. Paul St.—18
Ebeling, William Carl, Massachusetts General Hospital, Boston 14, Mass.
Edel, John W., Jr., 3403 Garrison Ave.—15
Edgerton, Milton T., Johns Hopkins Hospital—5
Edlow, Ernest S., 2353 Eutaw Place—17
Edmunds, Page, 4417 Underwood Road—18
Edwards, C. Reid, Medical Arts Bldg.—1
Edwards, Monte, Medical Arts Bldg.—1
Egerton, Stuart W., 11 E. Chase St.—2
Ehrlich, Daniel, 3911 Wabash Avenue—15
Eisenberg, Albert, 2025 E. North Ave.—13
Eisenberg, Leon, 1801 W. Baltimore Street—23
Elder, John D., Jr., 200 Montrose Avenue—28
Eleder, Franklin Charles, 2201 Echodale Avenue—14
Elgin, William Worcester, Sheppard and Enoch Pratt Hospital, Towson—4
Ellis, Francis A., 8 E. Madison St.—2
Ellison, Emanuel S., 107 E. West St.—30
English, Max R., 5713 Bel Air Rd.—6
Ephraim, Meyer, 443 E. 25th St.—18
Erwin, John J., Medical Arts Bldg.—1
Evans, John, Medical Arts Bldg.—1
Everett, Houston Spencer, 11 E. Chase St.—2
Ewald, August L., 36 York Court—18
Farber, George J., 1037 St. Paul Street—2
Fargo, Lee K., 1800 N. Charles St.—1
Farley, Julie, 418 Northway—18
Fearing, William Lumsden, 3025 Belair Rd.—13
Feinglos, Israel J., 2002 E. Pratt St.—31
Feldman, Maurice, 747 Lake Drive—17
Feldman, Maurice, Jr., The Latrobe Apartments—2
Fenby, John S., 3522 Greenmount Ave.—18
Ferguson, W. Richard, 1107 St. Paul Street—2
Field, Arnold Lewis, 901 Cathedral Street—1
Filtzer, David Leonard, 1411 Eutaw Place—17
Fine, Morris A., 118 Aisquith St.—2
Fineman, Jerome, 3700 Garrison Boulevard—15
Finesinger, Jacob Ellis, Dept. of Psychiatry, Univ. of Md. School of Medicine—1
Finkelstein, Abraham H., 11 E. Chase St.—2
Finkelstein, Ruth, Medical Arts Building—1
Finney, George Gross, 2947 St. Paul St.—18
Finney, John M. T., Jr., 2947 St. Paul St.—18
Firor, Warfield M., 1101 N. Calvert Street—2

Firor, Whitmer B., 1100 N. Charles St.—1
Fischer, Newton D., Box 198, Johns Hopkins Hospital—5
Fishel, Elliott Raphael, 821 Chauncey Avenue—17
Fisher, A. Murray, 18 E. Eager St.—2
Fisher, William A., Jr., 20 Blythewood Road—10
Fitzpatrick, Vincent de Paul, Jr., 1120 St. Paul Street—2
Fleck, Harvey K., 2940 Wyman Parkway—11
Fleischer, Walter E., 3400 E. Chase St.—13
Flippin, Eugene L., 2612 Elsinore Ave.—16
Flynn, Philip Daniel, 11 E. Chase Street—2
Ford, James Arthur, Union Memorial Hospital—18
Fordyce, Cless Y., Medical Arts Bldg.—1
Forsythe, Hugh, 424 E. North Ave. —2
Fort, Wetherbee, 20 E. Preston St.—2
Foster, Herbert M., 2824 St. Paul St.—18
Fox, Lay Martin, 33A Oak Grove Drive—20
Fox, Samuel Louis, 1205 St. Paul St.—2
Frank, Jerome D., 603 W. University Parkway—10
Franklin, David, 122 W. Lee St.—1
Franklin, Haswell D., 1123 St. Paul St.—2
Franz, J. Howard, 1127 St. Paul Street—2
Freedom, Leon, 1031 St. Paul St.—2
Freeman, Norman Randolph, Jr., 210 Northway—18
*French, Bernard S., 2329 Arunah Ave.—16
Frenkil, James, 1422 Park Ave.—17
Frey, Edward L., Jr., 2 W. Read St.—1
Frey, E. William, 1928 Pennsylvania Ave.—17
Fried, Hiram, Medical Arts Bldg.—1
Friedenwald, Edgar B., 1616 Linden Ave.—17
Friedenwald, Jonas S., 1212 Eutaw Place—17
Friedman, Hyman P., 1319 Light St.—30
Friedman, Joseph, 404 E. North Avenue—2
Friedman, Marion, 1737 E. North Avenue—13
Friedman, Paul N., 3804 Fairview Avenue—16
Fuller, Harvey L., 5718 Ridgedale Road—9
Furstenberg, Frank F., 812 Park Avenue—1
Fusting, William H., 11 E. Chase Street—2
Futcher, Palmer H., Department of Medicine, Johns Hopkins Hospital —5
Futterman, Perry, Latrobe Apartments—2
Gaber, Jerome, 3239 Powhatan Avenue—16
Gaither, Ernest H., 12 E. Eager St.—2
Gallant, Leonard J., The Latrobe Apartments—2
Galvin, Gerald A., 5652 Woodmount Avenue—18
Galvin, Thos. K., 113 W. Monument St.—1
Ganey, Joseph B., University Hospital—1
Gann, Mark E., 2800 Lawina Rd.—16
Gareis, Louis C., 1651 Northwick Court—18
Garis, Robert William, 1103 St. Paul Street—2
Garlick, William L., 2 W. Read Street—1
Garrett, Richard M., Medical Arts Building—1
Garrison, Alfred S., 4605 Edmondson Avenue—29
Gaskel, Jason H., 637 S. Conkling St.—24
Gaver, Leo J., 1 Mallow Hill Ave.—29
Gay, Leslie Newton, 1114 St. Paul St.—2
Gehlert, Sidney R., 4700 Pennington Avenue—23
Gellman, Moses, 1411 Eutaw Place —17
Genecin, Abraham, 1406 Eutaw Place —17
Geraghty, Francis Jos., 3047 St. Paul St.—18
Geraghty, Wm. R., 2225 St. Paul St.—18
Gerlach, James Johnson, 2 Warrenton Road—10
Gibbons, J. Robert, 3 Elmhurst Rd. —10
Gibbs, Gordon E., University Hospital—1
Giering, Herman J., 3906 Parkside Drive—6
Gilkes, Evan A., 601 N. Calhoun Street—17
Gillis, Andrew Colin, 1033 N. Calvert St.—2
Gillis, Francis W., 1800 N. Charles Street—1
Gilmore, William E., 108 E. 33rd Street—18
Gimbel, Harry S., 2703 Edmondson Avenue—23
Ginsberg, Milton, 3504 Erdman Ave. —13
Ginsburg, Leon, 529 North Charles St.—1
Glass, Frederick Arthur, 845 Park Ave.—1
Glassman, Lionel, 5700 Cross Country Blvd.—9
Glick, Samuel S., 3914 Park Heights Ave.—15
Gluck, Francis Wilcox, 3406 St. Paul Street—18
Gluck, Julius E., 5356 Reisterstown Road—15
Goldbach, Leo John, 6 E. Eager St.—2
Goldberg, Herman K., 719 N. Charles Street—1
Goldberg, Raymond B., 803 Cathedral Street—1
Goldberg, Sigmund, 1422 Park Ave. —17
Goldberg, Sylvan D., 4412 Elderon Avenue—15
Goldberg, Victor, 3100 Harford Rd. —18
Goldman, Abram, 3901 Fordleigh Road—15
Goldman, Harris, 1816 W. North Ave.—17
Goldman, Harry, 2326 Eutaw Place —17
Goldsborough, Charles R., 2923 St. Paul St.—18
Goldsmith, Harry, 3023 Hanlon Ave. —16
Goldstein, A. E., 3505 N. Charles St.—18
Goldstein, Eugene O., 3911 Brookhill Road—15
Goldstein, Marvin, 5334 Liberty Heights Avenue—7
Goldstone, Herbert, 1810 Eutaw Place—17

* Deceased.

Golley, Kyle W., 5103 Harford Rd. —14
Golombek, Leonard H., 227 Audrey Lane—Apt. 102, Washington 20, D. C.
Goodman, Howard, 1513 N. Milton Ave.—13
Goodman, Jerome Edward, 809 Cathedral St.—1
Goodman, Julius H., 3400 East Baltimore St.—24
Goodman, Louis E., 1211 Eutaw Place—17
Goodman, Sylvan Chauncey, 707 Lake Drive—17
Gordon, Harry H., Sinai Hospital—5
Gordy, Lyle L., 5106 Harford Rd.—14
Gorten, Martin K., 4 E. 32nd Street —18
Gould, John Joseph, 14 N. East Ave. —24
Govatos, George, Med. Arts. Bldg.—1
Govons, Sidney Robert, 3923 W. Rogers Ave.—15
Grafflin, Arthur L., 300 Club Road —10
Graham, Robert Lee, 1027 Summit Drive, Beverly Hills, Cal.
Graham, R. Walter, 1014 St. Paul St.—2
Granoff, Hymen L., 2240 Eutaw Place —17
Gray, Watson W., 1014 St. Paul St. —2
Graziano, Theodore J., 4019 Alameda Boulevard—18
Greenberg, Sahler M., 4613 Eastern Ave.—24
Greif, Roger Louis, 3 Slade Avenue—8
Grempler, Walter E., 1013 Poplar Grove St.—16
Grenzer, William H., 1520 E. 33rd Street—18
Grimes, S. Butler, 100 W. University Pkwy.—10
Grob, David, 600 W. 37th Street—11
Grose, William Edwin, 11 E. Chase St.—2
Gross, Joseph Bernard, 2404 Eutaw Place—17
Grossman, I. Karl, 1212 N. Patterson Park Ave.—13
Grott, Harold Allan, 8100 Harford Rd.—14
Grubb, Wilson Lyon, 4 E. 33rd Street —18
Grumbine, Francis L., 4011 Edgewood Road—15
Gubnitsky, Albert, 415 Park Heights Avenue—15
Gundersheimer, Herbert N., Cordova Apartments, Lake Drive—17
Gundry, Lewis P., 1014 St. Paul St. —2
Gundry, Rachel K., Athol, Catonsville—29
Gusock, Milton, 108 E. Milbourne Avenue, Silver Spring, Md.
Gutman, Isaac, 817 St. Paul St.—2
Guttmacher, Manfred S., 1109 N. Calvert St.—2
Guyton, Jack Smallwood, Johns Hopkins Hospital—5
Guyton, J. Willis, 1207 E. 36th St. —18
Haase, John Henry, 4218 Harford Rd.—14
Hachtel, Frank W., 122 W. Lafayette Ave.—17
Hagan, Robert C., 141 W. Lanvale St.—17
Hahn, Richard D., 1823 Park Avenue—17
Haines, John S., 77A—11 E. Chase St.—2
Hall, Arthur T., Jr., 2 E. Read Street —2
Hall, Elmer G., 1631 E. North Ave. —13
Hall, William S., 215 Woodlawn Road—10
Hamburger, Louis P., 1207 Eutaw Place—17
Hamburger, Louis P., Jr., 1207 Eutaw Place—17
Hammer, Howell I., 1929 Edmondson Ave.—23
Hanchett, Richard B., Medical Arts Building—1
Handelsman, Jacob Charles, 1112 N. Calvert Street—2
Hankin, Samuel J., 2331 Eutaw Place—17
Hanrahan, Edward M., Jr., 1201 N. Calvert St.—2
Hardy, Janet B., Glenarm, Md.
Harmon, Louis E., 2224 Madison Ave.—17
Harper, Paul, 615 N. Wolfe St.—5
Harris, Aaron, 2360 Eutaw Place—17
Harris, Thomas W., 1824 W. Franklin Street—23
Harrison, Edmund P. H., 2903 N. Charles St.—18
Harrison, Harold E., 3001 Fordney Lane—7
Hart, Jeremiah A., 311 W. 31st St. —11
Hartman, Oscar, 1801 Eutaw Place —17
Hartman, William L., 3900 N. Charles Street—18
Hartz, Alvin T., 3612 Eldorado Avenue—7
Hartz, Jerome, 11 E. Chase St.—2
Harvey, A. McGehee, Johns Hopkins Hospital—5
Hawkins, John Frederick, Jr., 1308 Kitmore Road—12
Haws, John March, 1101 N. Calvert St.—2
Hayleck, Mary L., 4401 Underwood Road—18
Hayward, Eugene H., 115 E. Eager St.—2
Healy, Robert F., Medical Arts Bldg. —1
Hebb, Donald B., Cockeysville, Md.
Heghinian, Jeanette R., 2212 South Road—9
Helfrich, Raymond F., 519 Lyndhurst St.—29
Helfrich, William G., 5006 Roland Ave.—10
Henning, Emil Heller, Jr., 601 Winans Way—29
Hensen, Henry Mathias, 20 E. Preston St.—2
Herman. N. B., 1041 St. Paul St.—2
Hersperger, W. Grafton, 12 E. 33rd St.—18
Hewitt, J. Frank, 922 W. University Pkwy.—10
Hibbits, John Thomas, Medical Arts Bldg.—1
Higgins, I. Bradshaw, 2243 Madison Ave.—17
Highstein, Benjamin, 121 S. Highland Ave.—24
Highstein, Gustav, 3503 Garrison Blvd.—15
Hill, Lewis B., Sheppard-Enoch Pratt Hospital, Towson 4, Md.
Hills, Ralph G., 18 E. Eager St.—2
Himelfarb, Albert Joseph, 1801 Eutaw Place—17
Hirshfeld, John H., 6919 Harford Rd.—14
Hoffman, Gilbert Mahlon, 1724 Freedomway, North
Hoffman, Reuben, 3602 Forest Park Avenue—16
Hogan, J. F., 7 E. Preston St.—2
Holden, Frederick A., Medical Arts Building—1
Hollander, David H., 5514 Kemper Road—10
Holljies, Henry Wirt Duvall, 3308 W. North Avenue—16

Holly, Julius David, 7701 Seven Mile Lane—8
Homer, Harry L., Riderwood, Md.
Hood, Bowman J., 317 Broxton Rd. —12
Hooper, Z. Vance, 3534 Ellerslie Ave. —18
Hopkins, H. Hanford, 1201 N. Calvert St.—2
Hopkins, John Vernon, 129 E. Redwood St.—2
Horine, Cyrus F., Medical Arts Bldg.—1
Howard, John Eager, Johns Hopkins —5
Howard, John Tilden, 12 E. Eager St.—2
Hull, Harry Clay, Medical Arts Bldg.—1
Hulla, Jaroslav, 2214 E. Fayette St.—31
*Hummel, Leonard M., 14 E. Read Street—2
Hundley, J. Mason, Jr., Medical Arts Bldg.—1
Hunner, Guy Le Roy, Medical Arts Bldg.—1
Hurwitz, Abraham B., 3048 E. North Avenue—16
Hurwitz, Chester E., 2218 Eutaw Place—17
Hutchins, Amos F., 1227 N. Calvert St.—2
Hutchins, Elliott H., 1227 N. Calvert St.—2
Hyde, Harry C., 1100 E. North Ave. —1
Hyman, Calvin, 2356 Eutaw Place —17
Hyman, Nathan B., 2502 Rogers Avenue—15
Iliff, Charles Edwin, 12 W. Read St. —1
Ingalls, George Sam, 703 Cathedral St. —1
Insley, J. Knox, Jr., 4312 Parkside Drive—6
Isaacs, Benjamin H., 2600 E. Baltimore St.—24
Jackson, Robert L., 600 N. Arlington Ave.—17
Jacobs, Louis L., 1700 Eutaw Place —17
Jacobson, Meyer William, 2310 Eutaw Place—17
Jacobus, Wayne N., Church Home & Hospital—31
Jahreiss, Walter O., 3703 Clarks Lane—15
Jandorf, R. Donald, Lake Drive—17
Janney, Francis W., 405 N. Charles St.—1
Janney, Nathan, 7101 Harford Rd. —14
Januszeski, Francis J., 540 N. Linwood Avenue—5
Jarrett, Edwin B., 11 E. Chase Street —2
Jaworski, Melvin J., 2711 Eastern Avenue—24
Jennings, F. Leslie, Medical Arts Bldg.—1
Jeppi, Joseph, 828 Park Avenue—1
Jerardi, Joseph V., 107 Armagh Drive—12
Jewett, Hugh J., 1201 N. Calvert St.—2
Johns, Thomas Nelson Page, Johns Hopkins Hospital—5
Johnson, Edward S., 203 Chancery Rd.—18
Johnson, Elliott W., 3432 Frederick Rd.—29
Johnson, Herbert C., 601 N. Broadway—5
Johnson, Marius P., Medical Arts Bldg.—1
Johnson, Robert W., Jr., 4 E. Madison St.—2
Johnson, Robert W., 1014 St. Paul Street—2
Johnson, Whedon, 1300 Winston Road—12
Johnson, William R., Medical Arts Bldg.—1
Jones, Benjamin F., 5F Garden Apartments—10
Jones, Everett D., 101 E. Biddle Street—2
Jones, Georgeanna Seegar, Medical Arts Building—1
Jones, H. Alvan, 1107 St. Paul St.—2
Jones, Howard W., Jr., Medical Arts Building—1
Josephs, David, U. S. Army Hospital, Ft. Campbell, Kentucky
Joska, Vincent V., 3714 Loch Raven Boulevard—18
Joslin, Blackburn Smith, 105 Woodlawn Road—10
Joslin, C. Loring, 11 E. Chase Street —2
Kac, Arthur, 2405 Garrison Blvd.—16
Kadan, Ferd E., 1308 Ramblewood Rd.—6
Kader, Benjamin, 2306 Eutaw Place —17
Kallins, Edward S., 1847 W. North Avenue—17
Kaltreider, D. Frank, 1526 Northwick Road—18
Kammer, William H., Jr., 906 E. 37th Street—18
Kane, Harry F., 913 E. Belvedere Avenue—12
Kaplan, Isadore, 3314 Marnat Road —8
Kappelman, Melvin D., 817 St. Paul St.—2
Kardash, Theodore, Medical Arts Building—1
Karfgin, Arthur, Northwood Apts.—18
Karfgin, Walter E., 4331 Harford Rd.—14
Karns, Clyde F., Medical Arts Bldg. —1
Karns, James R., 700 Cathedral Street —1
Kates, Harry Franklin, 517 Scott Street—30
Katzenberger, James W., Medical Arts Bldg.—1
Kayser, Fayne Albert, Medical Arts Bldg.—1
Keller, Charles J., 222 W. Monument St.—1
Kelly, Bernard V., National Marine Bank Bldg.—2
Kelly, Edmund Brindon, 1418 Eutaw Place—17
Kelly, Vernon C., 13 E. Eager Street —12
Kelmenson, Harry, 1308 Eutaw Place —17
Kemick, Irvin B., 5416 Reisterstown Road—16
Kemler, J. I., 1908 Eutaw Place—17
Kemp, Katherine Virdin, 20 E. Preston Street—2
Keown, Lauriston L., 431 E. Lake Ave.—12
Keown, Thomas William, 1938 Linden Ave.—17
Kerman, Edward F., 3700 Liberty Heights Avenue—15
Kern, Howard M., Esplanade Apartments—17
Ketron, Lloyd W., 1125 St. Paul St.—2
Ketzky, Joseph William, 11 E. Chase St.—2
Keyser, R. L., Wentworth Apts.—1

* Deceased.

Kieffer, Richard F., 15 E. Fayette Street—2
Kieffer, Richard F., Jr., 5220 Springlake Way—12
Kiel, August, Jr., 1715 Northbourne Road—14
Kilby, Walter L., Medical Arts Bldg. —1
Kimberly, Robert C., 802 Cathedral St.—1
Kimzey, F. J., 2700 Harford Ave.—18
King, John Theodore, 1210 Eutaw Place—17
King, Joseph D. B., 404 Hawthorn Road—10
Kirby, Francis Joseph, 110 E. North Ave.—2
Kirkpatrick, Crawford N., Jr., 6 E. Eager Street—2
Kirsh, Milton B., 2320 Eutaw Place —17
Kitlowski, Edward A., 3301 N. Charles Street—18
Kleiman, Bernard S., 1113 N. Calvert Street—2
Kleiman, Norman R., 3803 Edmondson Avenue—29
Klemkowski, Irvin P., 11 E. Chase St.—2
Klijanowicz, Stanley B., 3500 Erdman Avenue—13
Klimes, Louis F., 2623 E. Monument St.—5
Klinefelter, Harry F., Jr., 1101 St. Paul St.—2
Kloman, E. H., 44 W. Biddle St.—1
Klotz, Ben, 817 St. Paul St.—2
Knapp, Hubert Clement, 3123 N. Calvert St.—18
Knipp, George A., 3030 Edmondson Ave.—23
Knipp, Harry Lester, 4116 Edmondson Avenue—29
Knowles, F. Edwin, Jr., 513 N. Charles St.—1
Knox, J. H. M., Jr., 211 Wendover Rd., Guilford—18
Knox, James H. Mason, III, 2919 St. Paul St.—18
Kochman, Leon A., 3508 Dennison Road—15
Kohlerman, Nicholas John, 3106 Batavia Avenue—14
Kohn, Walter, 102 E. Fort Ave.—30
Kolman, Lester N., 3700 Park Heights Ave.—15
Kolodner, Louis J., 1109 N. Calvert Street—2
Konigsberg, Wilfred K., 1211 Eutaw Place—17
Koontz, Amos R., 1014 St. Paul St.—2
Kourey, Salem W., 4404 Bedford Place—18
Krause, Louis A. M., 11 E. Chase Street—2
Kremen, Abraham, 2355 Eutaw Place —17
Krepp, Martin W., 4202 Kolb Ave.—6
Kress, Milton B., Medical Arts Building—1
Krieg, Edward L. J., 5019 Old Frederick Road—29
Kroll, Louis J., 4101 Springdale Ave.—7
Krulevitz, Keaciel K., 244 N. Hilton Street—29
Krumrein, Louis Frederick, 722 N. Kenwood Ave.—5
Kunkowski, Andrew, 2529 Eastern Ave.—24
Kurland, Albert A., 817 St. Paul Street—2
Kyper, Fred T., 421 Medical Arts Building—1
Lachman, Harry, 2322 Callow Avenue—17
Lally, Leo A., 3517 Edmondson Ave.—29
Lambros, Byruth Lenson, 1224 Bloomingdale Rd.—16
Lang, Milton Charles, 2117 Belair Rd.—13
Langeluttig, Harry Vernon, 715 N. Charles Street—1
Langworthy, Ortello R., 1503 Bolton Street—17
Laroque, Herbert E., 1800 N. Charles St.—1
Lasell, Eldridge L., Greenway Apartments, 34th & Charles Streets—18
Laukaitis, Joseph, 679 Washington Blvd.—30
Lavenstein, Arnold F., Temple Garden Apts.—17
Lavy, Louis T., 1844 W. North Ave. —17
Leach, C. Edward, 14 E. Eager St.—2
Lebo, Lester, Medical Arts Bldg.—1
Lederman, Edward I., 2515 Liberty Heights Avenue—15
LeDoux, Clarence W., 3023 Eastern Avenue—24
Legge, John E., 700 Cathedral Street—1
Legge, Kenneth Dartmouth, Medical Arts Bldg.—1
Legum, Samuel, 1261 E. North Ave.—2
Leitz, Thomas Frederick, Temple Garden Apts.—17
Lenhard, Raymond E., 1107 St. Paul St.—2
Lerman, Philip H., 2038 E. Baltimore Street—31
Lerner, Philip F., 1111 St. Paul Street—2
Leslie, Franklin Earl, 623 Wilton Road, Towson 4
Levi, J. Elliott, 1020 St. Paul Street —2
Levickas, Herbert J., 5305 E. Drive —27
Levin, H. Edmund, 3400 Hilton Rd.—15
Levin, Milton, 2224 Eutaw Place—17
Levin, Manuel, 4818 Reisterstown Rd. —15
Levin, Morris Benjamin, 218 E. University Parkway—18
Levine, Stuart Charles, 809 Cathedral Street—1
Levy, Charles S., Medical Arts Bldg. —1
Levy, Isadore I., 3530 Hilton St.—15
Levy, Kurt, 3103 N. Charles Street —18
Lewis, J. L., Jr., 5907 Wakehurst Way —12
Lewison, Edward F., 1020 St. Paul Street—2
Liberles, Lucille, 1739 Eutaw Place —17
Liberto, Joseph R., 1011 N. Charles Street—1
Lieberman, Alfred T., 29 E. Mt. Vernon Place—2
Lilianthal, Joseph L., Jr., Johns Hopkins Hospital—5
Lilienfeld, Samuel, 714 E. Preston St. —2
Lillich, B. A., 3615 Falls Rd.—11
Linas, Sydney, 2240 Eutaw Place—17
Linden, Harry, 14 S. Broadway—31
Li Pira, Joseph Francis, 2904 Arlington Avenue—14
Lippy, George Dewey, 206 Kimble Road—18
Lisansky, E. Theodore, 3210 Liberty Heights Ave.—15
Little, Luther E., 10 W. Madison St. —1
Livingston, Samuel, 1039 St. Paul Street—2
Lloyd, Oliver S., 701 Cathedral St.—1
Loch, Walter Edward Eric, 1039 N. Calvert Street—2
Locher, R. W., 31 E. North Ave.—2
Lockard, James Douglas, 802 Cathedral St.—1

Loebl, Julius, 2303 Sulgrave Avenue —9
Loewald, Hans W., 11 E. Chase St.—2
Loker, F. Ford, 1120 St. Paul St.—2
Long, John Herman, 11 E. Chase St. —2
Long, Wilmer Newton, Jr., 11 E. Chase Street—2
Longcope, Warfield T., Cornhill Farms, Lee, Mass.
Looper, Edward A., 104 W. Madison St.—1
Love, William S., Jr., 1214 N. Calvert Street—2
Lovitt, William V., Jr., 3501 St. Paul Street, Apt. 423—18
Lowenbach, Hans, Duke University Hospital, Box 3518, Durham, N. Carolina
Lowitz, Irving Robert, 3815 Oakford Avenue—15
Lowman, Milton E., 4843 Park Heights Avenue—15
Lubin, Paul S., 320 Patapsco Ave. —25
Luetscher, John Arthur, 12 E. Eager St.—2
Lumpkin, Morgan LeRoy, 914 N. Charles St.—1
Lumpkin, William R., 307 E. 33rd St. —18
Lupo, Deonis M., 11 E. Chase St.—2
Lynn, William Dawson, 1547 Northgate Road—18
McAllister, William B., New Haven Hospital, New Haven, Connecticut
McCarthy, Charlotte, 618 Medical Arts Bldg.—1
McCarty, Harry D., 37 W. Preston St.—1
McCauley, A. Franklin, 2843 St. Paul St.—18
McClafferty, William J., 315 St. Dunstans Road—12
McConachie, Alexander Douglas, 805 N. Charles St.—1
McCormack, Lloyd L., 11 E. Preston Street—2
McCosh, James N., 312 Dixie Drive —4
McDonald, George, 844 N. Carey Street—17
McDonnell, Edmond J., 4 E. Madison Street—2
McElwain, Howard B., 31 E. North Ave.—2
McFadden, Robert B., 19 Wyndcrest Avenue—29
McGoogan, Malcolm T., 1229 Evesham Avenue—12
McGrath, Denis Joseph, 1 E. Randall Street—30
McKenzie, W. Raymond, Medical Arts Bldg.—1
McLanahan, Samuel, 108 E. 33rd St. —18
MacLaughlin, D. C., 4508 Edmondson Village—28
McLaughlin, Francis Joseph, 11 E. Chase Street—2
McLaughlin, John H., 3700 Loch Raven Boulevard—18
MacLean, Angus Lloyd, 1201 N. Calvert St.—2
McLean, George, Medical Arts Bldg. —1
McLean, Ross L., VA Hospital, Tupper Lake, New York.
MacMinn, Charles C., Jr., 2911 E. Baltimore St.—24
McNally, Hugh B., 1008 Winding Way—10
Mace, Albert J., The Terraces, Mt. Washington—9
Machen, John W., 6331 Bel Air Rd. —6
Macht, Allan Harris, 4058 Edgewood Road—15
Macht, David I., 3420 Auchentoroly Terrace—17
Mackowiak, Stephen C., 6714 Holabird Ave.—22
Macks, I. M., 3506 Liberty Heights Ave.—15
Maginnis, Helen Irene, 719 Medical Arts Bldg.—1
Magladerry, John William, Johns Hopkins Hospital—5
Manchester, Thomas, 806 Cathedral Street—1
Mandy, Arthur Jennings, Medical Arts Bldg.—1
Mandy, Theodore E., Medical Arts Bldg.—1
Manieri, Frank V., 3503 Crossland Avenue—13
Mansdorfer, G. B., 2937 N. Charles St.—18
Mansfield, William K., 44 W. Biddle St.—1
Marburg, Rudolf, 11 E. Chase Street —2
Marek, Charles B., 801 N. Luzerne Ave.—5
Marino, Frank C., 1129 St. Paul St. —2
Markley, Raymond Law, Hospital for the Women of Md.—17
Markowitz, Milton, 8 E. Eager Street —2
Marr, Ernest G., 516 Cathedral St.—1
Marr, William G., Latrobe Apartments—2
Marriott, Henry J. L., 203 W. Lanvale Street—17
Marston, James G., 516 Cathedral St.—1
Martin, Clarence W., 1078 Cameron Road—10
Martin, Lay, 1201 N. Calvert St.—2
Marvel, N. Clyde, Maryland Casualty Co.—3
Maser, Louis Robert, 4335 Park Heights Avenue—15
Maseritz, I. H., Temple Garden Apartments, Cloverdale Road & Madison Avenue—17
Mason, Robert E., 9 E. Chase St.—2
Massenburg, George Yellott, 250 Rodgers Forge Road—4
Matchar, Joseph Charles, 3623 Liberty Heights Ave.—15
Maxson, Charles Walter, 2 W. Read St.—1
May, Robert E., 1200 Woodbourne Avenue—12
May, William T., 2034 Eutaw Place —17
Mayer, Erwin E., The Esplanade—17
Mays, Howard Brooks, 715 N. Charles Street—1
Mech, Karl F., 11 E. Chase Street—2
Menning, Joseph H., 101 W. Read St. —1
Meranski, Israel P., 3354 Dolfield Ave.—15
Merkel, Walter C., Union Memorial Hospital—18
Meyer, Eugene, III, 208 Northway —18
Michel, William, 1015 Poplar Grove St.—16
Michelson, Elliott, 1801 Eutaw Place —17
Michelson, R. A., 2230 Eutaw Place —17
Milan, Albert Richard, 320 E. 33rd St.—18
Milan, Edward F., 682 Washington Blvd.—30
Millea, William Lawrence, 3101 St. Paul Street—18
Miller, Benjamin, 2030 Wilkins Ave. —23
Miller, Harry A., 2452 Eutaw Place —17
Miller, Isaac, 1228 S. Charles St.—30
Miller, Jacob M., 1613 E. Baltimore St.—3

Miller, James Patton, 804 Cathedral Street—1
Miller, John Ernest, 231-A Burke Avenue, Towson 4
Miller, Joseph G., 107 W. Saratoga St.—1
Miller, Lowell Stephen, Johns Hopkins Hospital—5
Miller, Meyer, 4832 Park Heights Ave.—15
Miller, Mitchell H., 311 Broxton Road —12
Miller, Stanley, 914 N. Charles Street —1
Mintzer, Donald W., 1922 E. Belvedere Avenue—14
Mirick, George S., Johns Hopkins Hospital—5
Mitchell, George W., 11 E. Chase St. —2
Mitchell, Robert Bruce, Jr., 704 Cathedral St.—1
Mitchener, James Samuel, Jr., Church Home & Hospital—31
Mohr, Charles F., Medical Arts Bldg. —1
Mohr, Dwight H., 301 S. Ellwood Ave.—24
Molofsky, Leonard Carl, 1109 N. Calvert Street—2
Moncure, Turner A., 100 St. Paul St. —2
Monninger, Arthur C., 800 E. North Ave.—2
Moore, Alfred C., 2122 Broening Highway—3
Moore, James I., 11 E. Chase St.—2
Moore, Joseph Earle, Medical Arts Bldg.—1
Moore, Kirk, The Latrobe—2
Moore, Marcus W., Sr., 1655 W. North Avenue—17
Moores, J. Duer, 3105 Bel Air Rd. —13
Morgan, Russell H., Johns Hopkins Hospital—5
Morgan, Zachariah R., 10 E. Eager St.—2
Morris, Frank Kailer, 3913 Juniper Road—18
Morris, John David, 14 E. Eager St. —2
Morrison, John Huff, 6 E. Read St. —2
Morrison, Samuel, 11 E. Chase St.—2
Morrison, T. H., 11 E. Chase St.—2
Morrow, Andrew G., Johns Hopkins Hospital—5
Mortimer, Egbert Laird, Jr., 207 Paddington Rd.—12
Moses, Benjamin B., 448 N. Luzerne Ave.—24
Moses, Bessie L., 519 Medical Arts Bldg.—1
Mostwill, Ralph, 1805 Eutaw Place —17
Muller, S. Edwin, 2 W. Read St.—1
Mulligan, E. James, 5600 Harford Rd. —14
Muncie, Wendell S., 11 E. Chase St. —2
Murgatroyd, George W., Jr., 1114 St. Paul St.—2
Murray, John Gardner, Jr., 9 E. Chase St.—2
Muse, Joseph E., Jr., 5 West 29th St. —18
Muse, William T., 5 W. 29th Street —18
Myerowitz, Joseph Robert, 5145 Park Heights Ave.—15
Myers, John A., 104 E. Biddle St.—2
Myers, Joseph Carl, 1401 E. Cold Spring Lane—18
Myers, Philip, 2425 Eutaw Place—17
Nachlas, I. William, 1109 N. Calvert St.—2
Nachlas, N. Edward, Rochester Court Apartments, Brooks Lane—17
Nance, Fuller, 522 Rossiter Avenue —12
Naquin, Howard A., Johns Hopkins Hospital—5
Needle, Nathan E., 2314 W. North Ave.—16
Neill, William, Jr., 1418 Eutaw Place —17
Nelson, Alfred Turner, 4526 Marble Hall Rd.—12
Nelson, James Wharton, Earl Court Apts., Preston & St. Paul Sts.—2
Nelson, Russell A., Johns Hopkins Hospital—5
Nesbitt, John A., Jr., 20 E. Preston Street—2
Neubauer, Imre, 936 Patapsco Ave. —25
Newell, Edward Alphonso, 46 Gardner Street, Boston 34, Massachusetts
Newman, Elliott V., Johns Hopkins Hospital Physiological Section, North Broadway—5
Ney, Grover C., 2401 Linden Ave. —17
Niblett, Walter S., 2220 Garrison Ave. —16
Nichols, Firmadge K., 4711 Roland Avenue—10
Nitsch, Norbert C., 2151 Wilkins Ave.—23
Norton, John Charles, Jr., 1933 W. Baltimore Street—23
Norwood, V. Hyatt, Church Home & Inf.—31
Novak, Edmund Rogers, 26 E. Preston Street—2
Novak, Eduard, Medical Arts Bldg. —1
Novak, Emil, 26 E. Preston St.—2
Nowak, Sigmund R., 408 S. Patterson Park Avenue—31
Nussbaum, Kurt, 2804 Waldorf Avenue—15
O'Connor, John A., 11 E. Chase St.—2
O'Donovan, Charles, Jr., 3111 N. Charles Street—18
Ogden, Frank N., 2701 N. Calvert St. —18
O'Hare, James Stewart, 3100 St. Paul Street—18
O'Neill, Allen J., 1119 Gleneagle Road —12
O'Rourk, Thomas R., 104 W. Madison St.—1
Osborne, John C., 3122 Northern Parkway—14
Otenasek, Frank J., 6 E. Eager St.—2
Owen, Arthur John, 1200 E. Belvedere Ave.—13
Owen, John Keller, 104 W. Madison St.—1
Owens, Ella Uhler, 10 E. Chase Street—2
Owens, William C., Johns Hopkins Hospital—5
Owings, James C., 18 W. Franklin St.—1
Ozazewski, John Casimir, 1540 Oakridge Road—18
Padget, Paul, Veterans Administration Hospital, Fort Howard
Pair, James Mansfield, 400 N. Carrollton Avenue—23
Palese, John Mitchell, 11 E. Chase Street—2
Park, Edwards A., Pathological Building, Johns Hopkins Hospital—5
Park, William F., 3719 Woodbine Avenue—7
Parker, Robert T., 620 Wilton Road—Towson 4
Parrott, Frank Strong, Baltimore City Hospitals—24
Parsons, John Warner, 11 E. Chase St. —2

Pass, I. Earl, 4001 Wilkins Ave.—29
Patt, Howard H., 3923 Wabash Avenue—15
Patton, Genieann Parker, 1726 Pin Oak Road, Towson 4
Patz, Arnall, 920 St. Paul Street—2
Paulson, Moses, 11 E. Chase St.—2
Peake, Clarence William, 4508 Harford Rd.—14
Pearce, William F., 2105 N. Charles St.—18
Pearce, Wm. H., 2105 N. Charles St.—18
Peck, John Lyman, 5506 Lombardy Place—10
Peirce, E. Converse, 2nd, 4512 Marble Hall Road—12
Pembroke, Richard H., Jr., 1311 N. Calvert Street—2
Pendleton, George H., 1723 Druid Hill Avenue—17
Pessagno, Daniel J., Medical Arts Bldg.—1
Peters, H. Raymond, 1127 N. Calvert St.—2
Phelan, Patrick C., Jr., 239 Linden Ave., Towson—4
Phelps, Winthrop Morgan, 3038 St. Paul St.—18
Phillips, David Lee, 6104 Frederick Road—18
Phillips, Eugenie E., 1612 Edmondson Avenue—23
Phillips, Otto C., 2708 Alden Road
Pierce, Leslie Harrall, Johns Hopkins Hospital—5
Pierpont, Ross Z., 111 W. Monument St.—1
Pierson, J. W., 1107 St. Paul St.—2
Pincoffs, Maurice C., University Hospital—1
Pines, Samuel R., The Latrobe Apartments—2
Pleasants, Jacob Hall, 201 Longwood Rd., Roland Park—10
Polek, Melvin F., 4200 Sheldon Avenue—6
Polvogt, Leroy M., 1201 N. Calvert St.—2
Porter, Harry P., 6473 Blenheim Road—12
Pound, John C., 515 Drury Lane—29
Prager, Helmut, 1308 Eutaw Place—17
Pratt, Louis J., 1633 Waverly Way—12
Primakoff, H. William, Emersonian Apartments—17
Proctor, Donald F., Johns Hopkins Hospital—5
Proctor, Samuel Edward, 104 W. Madison St.—1
Pugh, Albert Ellsworth, Veterans Administration, Fort Howard, Md.
Putterman, Morris N., 2324 Reisterstown Rd.—17
Queen, J. Emmett, 4418 Norwood Road—18
Racusin, Nathan, 206 S. Gilmor St.—23
Radman, H. Melvin, Esplanade Apts., Eutaw Place & Brooks Lane—17
Raffel, William, 803 Cathedral St.—1
Ramsey, James H., 5711 Mineral Avenue, Halethorpe, Md.
Ramundo, Michael R., 89 Avondale Ave., Clifton, N. J.
Randolph, M. Elliott, 1101 St. Paul St.—2
Rangle, Raymond V., 642 Washington Boulevard—30
Raskin, Moses, 817 St. Paul St.—2
Rathbun, Howard K., Carroll Manor Road, Baldwin, Md.
Ratliff, Cliff, Jr., 4605 Edmondson Avenue—29
Ravitch, Mark M., Johns Hopkins Hospital—5
Rector, Robert C., 4581 Freedomway, West—13
Reese, Fred M., 330 N. Charles St.—1
Reifschneider, Charles A., 104 W. Madison St.—1
Reifschneider, Herbert E., 104 W. Madison St.—1
Reiter, Robert A., 3408 Windsor Ave.—16
Renner, William F., 11 West 29th Street—18
Revell, Samuel T. R., Jr., 11 East Chase St.—2
Rich, Arnold L., Johns Hopkins Hospital—5
Rich, Benjamin S., Medical Arts Bldg.—1
Richards, Esther Loring, 41 W. Preston St.—1
Richardson, Edward H., 9 E. Chase St.—2
Richardson, Edward H., Jr., 9 E. Chase St.—2
Richardson, Horace K., 11 E. Chase St.—2
Richter, Christian F., 11 W. Biddle Street—1
Richter, Conrad Louis, 2237 Lake Ave.—13
Ridgely, Irwin O., 201 W. Madison St.—1
Rienhoff, William Francis, Jr., 1201 N. Calvert St.—2
Ries, A. Ferdinand, 302 Northway, Guilford—18
Riley, Eugene John, 2128 N. Calvert Street—18
Riley, Richard Lord, 1901 Dixon Road—9
Rinehart, Arthur M., 4823 Keswick Road—10
Rinn, William Alexander, 40 Maple Drive—28
Rizika, Stuart D., 3411 Rosedale Road—15
Roach, Thomas Edward, 3629 Edmondson Ave.—29
Robbins, Martin A., 1801 Eutaw Place—17
Roberts, Davis P., 901 Cathedral Street—1
Roberts, James A., 5800 Oakview Avenue—14
Robertson, J. Clagett, 24 S. Broadway—31
Robinson, Aaron, 1817 Eutaw Place—17
Robinson, Daniel R., 2835 Gwynns Falls Pkwy.—16
Robinson, G. Canby, 4712 Keswick Rd.—10
Robinson, Harry M., 106 E. Chase St.—2
Robinson, Harry M., Jr., 1024 N. Calvert Street—2
Robinson, Raymond C. V., 1550 Pentwood Road—12
Robnett, Dudley Anderson, 1643 Kingsway Road—18
Rochberg, Samuel, 3906 Calloway Avenue—15
Rodgers, William A., 152 Edgewater Apartments—21
Roetling, Carl P., 1326 W. Lombard St.—31
Rogers, Harry L., 101 E. Preston St.—2
Rohrer, Caleb W. G., 2814 Ailsa Ave.—14
Roman, Paul, 1810 Eutaw Place—17
Rosen, Harold, 1101 N. Calvert Street—2
Rosen, Israel, 2413 E. Monument St.—5
Rosenfeld, Morris, 3103 Bonnie Road—8
Rosenthal, Gilbert White, 1739 Eutaw Place—17

Rosenthal, Harry William, 1902 Greenmount Ave.—18
Ross, David, 4212 Patterson Park Avenue—15
Rossberg, Clyde Arthur, 2411 Washington Boulevard—30
Rothholz, Alma S., Apt. 1-C, 822 Belgian Avenue—18
Rowland, James M. H., 1118 St. Paul St.—2
Rowland, William M., 1118 St. Paul St.—2
Rubin, Samuel, 1109 N. Calvert Street—2
Rubin, Samuel, 203 Patapsco Avenue—25
Rubin, Seymour W., 2703 W. Belvedere Avenue—15
Rubinstein, Hyman S., 2349 Eutaw Place—17
Rudman, Gilbert E., 2517 W. Baltimore St.—23
Rudo, Alvin D., Latrobe Apartments—2
Russell, Thomas Edgie, 3901 N. Charles Street—18
Russo, James, 819 Kingston Road—12
Rutledge, Benj. Huger, 18 E. Eager St.—2
Ruzicka, F. Fred, 800 N. Patterson Park Ave.—5
Rysanek, William J., 801 N. Kenwood Ave.—5
Rysanek, William J., Jr., 1013 N. Calvert St.—2
Rytina, Anton George, 5003 St. Albans Way—12
Sachs, Louis, Marlborough Apts.—17
Sacks, Milton S., University Hospital—1
Salik, Julian V., 3602 Clarinth Road—15
Sanderson, John W., 1714 N. Caroline St.—13
Sardo, Robert S., 303 Woodbourne Avenue—12
Sarubin, Benjamin, 2128 W. North Ave.—17
Sauber, Irvin, 3003 Garrison Boulevard—16
Saunders, LeRoy W., 216 Goodale Rd.—12
Savage, John Edward, 231 Hopkins Road—12
Sawyer, George J., Jr., 4808 Harford Rd.—14
Sawyer, William H., Jr., 4928 West Hills Road—29
Saylor, Lloyd E., 3902 Greenmount Ave.—18
Sborofsky, Isadore, 4212 Oakford Ave.—15
Scagnetti, Albert, 1729 W. Lombard St.—23
Scarborough, Clarence P., Jr., 104 W. Madison St.—1
Schaefer, John F., 401 Random Road—18
Schaefer, Otto, 920 St. Paul St.—2
Schaefer, Theodore A., 3610 Harford Rd.—18
Schaffer, Alexander J., 1109 St. Paul—2
Schapiro, Abraham, 2028 Eutaw Place—17
Schapiro, William B., 2415 Eutaw Place—17
Schenker, Paul, 2424 Eutaw Place—17
Scher, Ernest, 1701 Eutaw Place—17
Scher, Isadore, 1115 N. Calvert St.—2
Scherlis, Leonard, 1214 N. Calvert Street—2
Scherlis, Sidney, 1214 N. Calvert St.—2
Scheurich, John A., 1337 S. Charles St.—30
Scheye, Henry W., 3921 Edmondson Ave.—29
Schiff, Hyman, 3429 Liberty Heights Avenue—15
Schimek, Robert A., Johns Hopkins Hospital—5
Schimunek, Emanuel, 842 S. East Ave.—24
Schlesinger, George Gerard, 20 E. Preston Street—2
Schmidt, Jacob Edward, 2924 Brighton St.—16
Schmitz, William J., 118 Midhurst Rd.—12
Schnitzer, Eugene, 3904 S. Hanover Street—25
Schochat, Albert J., 2302 Edmondson Ave.—23
Schochet, George, 1218 N. Calvert St.—2
Schoenrich, Herbert, Calvert & Preston Sts.—2
Scholz, Roy O., 11 E. Chase St.—2
Schonfeld, Paul, 2301 Annapolis Rd.—30
Schreiber, M. B., 3506 Ellamont Rd.—15
Schuman, William, 1716 Eutaw Place—17
Schwartz, Daniel J., 2320 Eutaw Place—17
Schwartz, Theodore A., 834 Park Ave.—1
Schwentker, Francis F., 209 Tunbridge Road—10
Scott, Eleanor, 1014 St. Paul St.—2
Scott, Henry William, Jr., 207 Longwood Road—10
Scott, John M., 8 Longwood Road—10
Scott, William Wallace, Rider Hill Rd., Ruxton
Seegar, J. King B. E., Jr., 3714 Winterbourne Road—16
Seidel, Henry Murray, 3119 Bancroft Road—15
Seidel, Herman, 2404 Eutaw Place—17
Seliger, Robert V., 2030 Park Ave.—17
Serra, Lawrence M., 11 E. Chase Street—2
Settle, William Booth, 126 Homeland Ave.—12
Shackelford, Richard T., 18 E. Eager St.—2
Shamer, Maurice E., 3300 W. North Ave.—16
Shanahan, Daniel S., 1945 W. Baltimore St.—23
Shannon, George E., 100 St. Johns Road—10
Shapiro, Albert, 1109 N. Calvert Street—2
Sharfatz, George, 5106 Park Heights Ave.—15
Shaw, Charles E., Northern Parkway & Waverly Way—12
Sheehan, Joseph Chester, 11 E. Chase St.—2
Shell, James H., Medical Arts Building—1
Sheppard, Henry, Jr., 922 W. University Parkway—10
Sheppard, Robert C., 11 E. Chase St.—2
Shepperd, J. Douglass, 604 N. Fulton Avenue—17
Sherman, Jerome, 1109 N. Calvert St.—2
Sherman, Solomon, 1814 Eutaw Place—17
Sherry, Milton, 11 E. Chase St.—2
Shervington, E. Walter, 201 N. Carey St.—23
Shiling, Moses Samuel, 2426 Eutaw Place—17

Shimanek, Lawrence J., 530 Dunkirk Road—12
Shipley, Arthur Marriott, 507 Edgevale Rd., Roland Pk.—10
Shipley, Edgar Roderick, Medical Arts Building—1
Shpritz, Nathan H., 3100 Garrison Boulevard—16
Shub, Maurice I., 1431 N. Kenhill Ave.—13
Shulman, Leon M., 6715 Park Heights Ave.—15
Siegel, Isadore A., 2309 Eutaw Place —17
Silberman, David, 1411 Eutaw Place —17
Silver, A. A., Temple Garden Apartments—17
Silver, George A., 2240 Eutaw Place —17
Sima, Charles Edward, 2074 E. Belvedere Ave.—12
Sindler, Joseph, 929 Brooks Lane—17
Singewald, Albert G., 1613 E. North Ave.—13
Singewald, Martin Louis, 11 E. Chase Street—2
Sinsky, H. L., 310 E. North Ave.—2
Sisco, P. S. Bourdeau, 2500 Garrison Blvd.—16
Siscovick, Milton, 1429 W. Fayette St.—23
Siver, Robert H., 3105 N. Charles St. —18
Siwinski, Arthur George, 15 E. Biddle St.—1
Siwinski, Thaddeus Charles, 807 Wellington Road—12
Skillman, Wilbur F., 6 E. Biddle St. —2
Skloven, Joseph, 7122 Harford Rd. —14
Slack, Harry R., Jr., 1100 N. Charles St.—1
Sloan, Robert D., Johns Hopkins Hospital—5
Small, Mary Louise, 16 W. Read St. —1
Smink, C. Claude, St. Michaels, Md.
Smith, D. C. Wharton, 2nd, 100 W. University Pkwy.—10
Smith, E. P., 920 St. Paul St.—2
Smith, E. P., Jr., 2409 Rosslyn Avenue—16
Smith, Frank R., Jr., 623 University Pkwy.—10
Smith, Frederick Bruce, 11 E. Chase St.—2
Smith, Harry Bryant, 1201 Oxford Road—12
Smith, Howard Chandler, Medical Arts Bldg.—1
Smith, John Prinz, 1100 E. Belvedere Ave.—12
Smith, Olive Cushing, 20 W. Madison St.—1
Smith, Ruby A., 304 Garden Rd., Towson 4, Md.
Smith, Sol, 2426 Eutaw Place—17
Smith, William Henry, 3429 Chestnut Ave.—11
Smith, Winford H., 100 W. University Parkway—10
Snyder, Jerome, 11 E. Chase St.—2
Snyder, Nathan, 1200 St. Paul Street —2
Snyder, Samuel, 1634 E. Baltimore St.—31
Sodaro, Manuel, 826 E. Belvedere Avenue—12
Sollod, Aaron C., 707 E. Fort Ave. —30
Solomon, Milton L., 129 S. Broadway —31
Sondheimer, A. Adler, Esplanade Apts.—17
Spear, Irving J., 928 N. Charles St.—1
Speed, William G., III, 11 E. Chase St.—2
Spelsberg, Walter K., 903 Pemberton Road—12
Spence, John Morland, Jr., 2903 N. Charles St.—18
Spier, Andrew Allan, 4408 Loch Raven Boulevard—18
Spitzberg, Randolph Howard, 5010 Denmore Ave.—15
Sprunt, Katherine, 4407 Norwood Road—18
Sprunt, T. P., 1035 N. Calvert St.—2
Spurrier, O. Walter, 3603 Edmondson Ave.—29
Stacy, Theodore E., Jr., 319 St. Dunstans Road—12
Stafford, Edward S., 11 E. Chase St. —2
Stebbins, Ernest L., 615 N. Wolfe St. —5
Stedem, Anthony F. A., Jr., 216 Rodgers Forge Road—12
Steinbach, Stanley R., 3334 Dolfield Road—15
Steinberg, Morris William, 410 N. Hilton St.—29
Steinberg, Murray, 3306 Springdale Avenue—16
Steiner, Albert, 1308 Eutaw Place—17
Stevens, Leland B., 3400 Erdman Ave.—13
Stevens, Thomas F. A., 2878 Harford Rd.—18
Stewart, Charles Wilbur, 6 E. Read Street—2
Stewart, George A., 3301 N. Charles St.—18
Stewart, Edwin Henry, Jr., Medical Arts Bldg.—1
Stickel, Frederick L., 111 Arbutus Avenue-Eden Terrace—28
Stickney, Geo. L., The Latrobe—2
Stifler, Jean Rose, 3301 N. Charles St.—18
Stifler, William Curtis, Jr., 3301 N. Charles St.—18
Stiles, Cleo D., Jr., Medical Arts Bldg.—1
Stinson, Edward, Jr., 18 E. Eager St. —2
Stone, Douglas H., 2921 St. Paul St. —18
Stone, Harvey Brinton, 18 W. Franklin St.—1
Stout, Merrell L., Hospital for the Women of Maryland—17
Suarez-Murias, Edward L., 3208 N. Calvert Street—18
Sullivan, Maurice, 11 E. Chase St.—2
Sullivan, Sullins G., 1129 St. Paul St. —2
Sullivan, William Joseph, 11 E. Chase Street—2
Summers, Henry G., 300 Church St., Brooklyn
Sunday, Stuart D., 201 E. 33rd St. —18
Supik, William Joseph, 1127 St. Paul Street—2
Supplee, J. Frank, III, 1014 St. Paul Street—2
Sussman, Abraham Allen, 1109 N. Calvert Street—2
Sutley, Percy H., 411 Chestnut Avenue, Towson 4
Swiss, Adam G., 6232 Belair Rd.—6
Tanenbaum, Solomon, 1250 E. North Avenue—2
Tankin, Louis H., 3717 Nortonia Road—16
Tappan, Benjamin, 1201 N. Calvert St.—2
Taussig, Helen B., Johns Hopkins Hospital—5
Taylor, Robert B., 104 W. Madison St.—2
Teagarden, Ersie V., 603 Club Rd. —10

Teitelbaum, Harry Allen, 1801 Eutaw Place—17
Te Linde, Richard Wesley, The Johns Hopkins Hospital—5
Tenner, David, 3505 Ellamont Rd. —15
Thomas, Anthony J., 4600 York Rd. —12
Thomas, Caroline Bedell, 700 N. Wolfe Street—5
Thomas, Henry M., 314 N. Overhill Road—10
Thompson, Raymond Kieff, The Latrobe Apts.—2
Tiemeyer, Arthur Charles, 101 W. Monument St.—1
Tilghman, R. Carmichael, 6 E. Eager St.—2
Tillman, Richard Nelson, 3035 St. Paul St.—18
Tinker, Francis X. P., 1500 Manning Road—23
Todd, Homer U., 2108 St. Paul St. —18
Tommasello, Charles, Jr., 910 W. Lombard St.—23
Tompakov, Samuel Victor, 3600 Park Heights Ave.—15
Tonolla, E. Howard, The Latrobe Apartments—2
Touhey, T. Jos., 441 S. Ellwood Ave. —24
Toulson, W. Houston, Medical Arts Bldg.—1
Tower, Sarah Sheldon, 11 E. Chase Street—2
Townshend, Wilfred H., Jr., 6 St. Georges Road—10
Traband, John H., Jr., 1219 Poplar Grove St.—16
Traband, Millard T., Jr., 3400 Woodbine Avenue—7
Traugott, Karl, 1912 E. Belvedere Avenue—14
Traynor, Francis W., 901 St. Paul Street—2
Trescher, John H., 1035½ N. Calvert St.—2
Trimble, I. Ridgeway, 8 W. Madison St.—1
Truitt, Ralph P., 1014 St. Paul St.—2
Tuminello, Salvatore Anthony, Medical Arts Bldg.—1
Tunney, Robert B., 115 E. Eager Street—2
Turner, Thomas B., 615 N. Wolfe St. —5
Ullman, Alfred, 1712 Eutaw Place —17
Ullrich, Henry Franz, 804 Cathedral Street—1
Ullsperger, John F., Apt. E, 1641 Waverly Way—12
*Ulman, Solomon, 5603 Roland Ave. —10
Urlock, John P., 1227 Washington Blvd.—30
Vanni, Frank L., 11 E. Chase Street —2
Van Lill, Stephen J., 205 N. Rolling Rd.—28
Vest, Cecil W., 1014 St. Paul St.—2
Vinup, Frederick H., 110 E. Lombard St.—2
Vogel, Louis, Jr., 2601 E. Monument St.—5
Vollmer, Frederick J., 311 E. Gittings Avenue—12
Von Schulz, Augustine P., 4818 Edmondson Ave.—29
Voshell, Allen Fiske, Medical Arts Bldg.—1
Vozel, Luther F., 3105 N. Charles Street—18
Vyner, Harold L., 1109 N. Calvert St.—2
Wack, Frederick V. D., 513 E. 39th St.—18
Waghelstein, Julius M., 803 Cathedral St.—1
Wagley, Philip Franklin, 9 E. Chase Street—2
Wainwright, Charles W., 9 E. Chase St.—2
Walden, Emerson C., Sr., Provident Hospital—17
Waldschmidt, Henry, 933 Hanover St.—30
Walker, A. Earl, 601 N. Broadway—5
Walker, Wm. Wallace, Medical Arts Bldg.—1
Wall, Lester Aubrey, Jr., 2950 Edmondson Ave.—23
Wallenstein, Leonard, 848 W. 36th St. —11
Wallenstein, Sydney, 2042 Eutaw Place—17
Waller, W. Kennedy, 512 Cathedral St.—1
Walsh, Frank Burton, 12 W. Read Street—1
Walton, Henry J., Medical Arts Bldg. —1
Walzl, Edward McColgan, Latrobe Apts.—2
Ward, Arthur T., 116 Taplow Road —12
Ward, Grant E., 15 E. Biddle St.—2
Warner, Chas. Luther, 3312 Egerton Rd.—15
Warner, Howard H., 2604 Garrison Ave.—16
Warres, Herbert Leonard, 2337 Eutaw Place—17
Wasserman, Harry, 1501 Eutaw Place —17
Waters, Charles A., 1100 N. Charles St.—1
Weber, Velda A. Fenecke, Woman's Hospital—17
Webster, Thomas Clyde, 126 E. Lake Avenue—12
Weeks, William Earl, 5839 York Road —12
Wehner, Daniel George, Medical Arts Bldg.—1
Weinberg, Edwin David, Latrobe Apts.—2
Weinberg, Harold H., 1724 Eutaw Place—17
Weinberg, J. Arthur, Latrobe Apartments—2
Weinberg, M. A., 1724 Eutaw Place —17
Weinberg, Tobias, 3700 Kingwood Square—15
Weinberger, Richard, 912 Brooks Lane—17
Weinstock, Alexander A., 4603 Park Heights Ave.—15
Weisman, Samuel, 4004 Liberty Heights Ave.—7
Weiss, Albert J., 4115 W. Rogers Avenue—15
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